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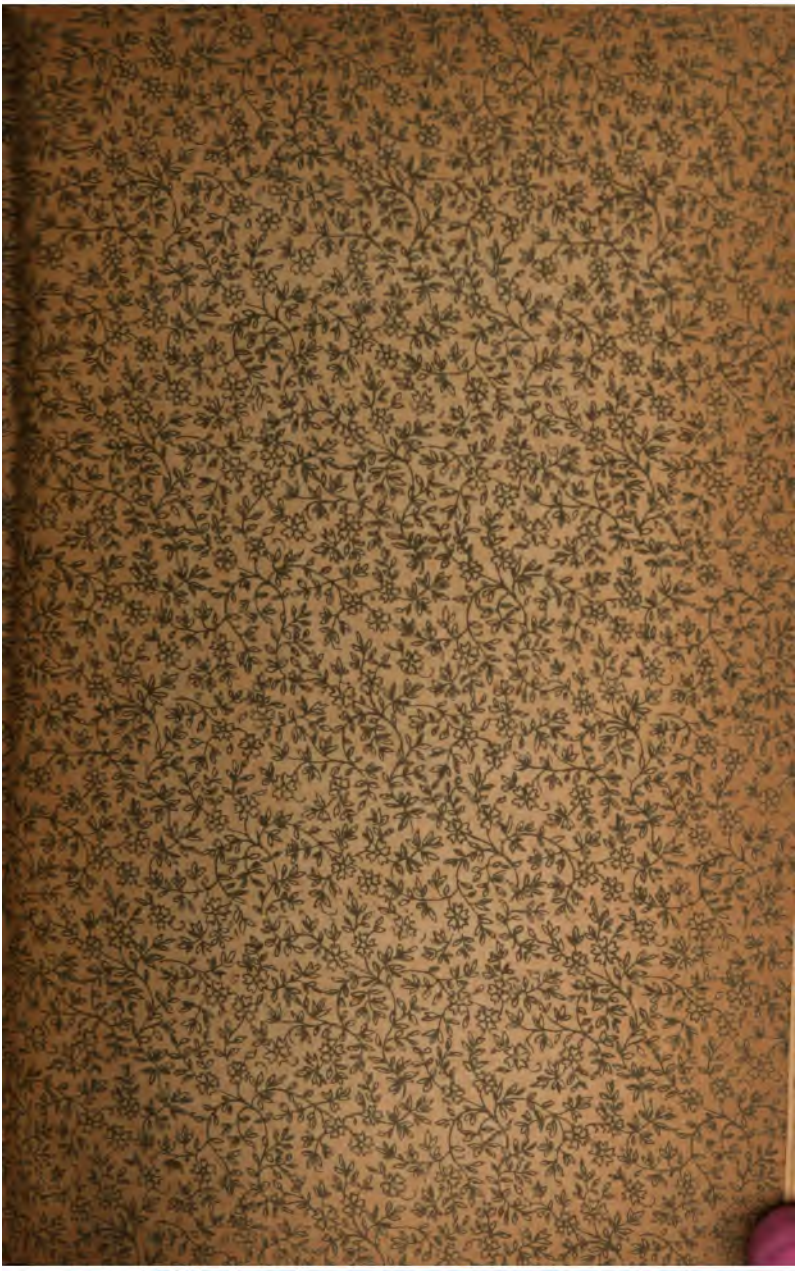

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CURABILITY OF TUMOURS BY MEDICINES.

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BY

J. COMPTON BURNETT, M. D.

"What I call a cure is an alteration of the disposition and the effect of that disposition, and not the destruction of the cancerous parts."—*John Hunter.*

Science moves but slowly, slowly creeping on from point to point."—*Tennyson.*

"Lassen wir uns durch eristische Einwürfe nicht irre machen am Fortschritte unserer grossen Kunst und Wissenschaft unermüdlich zu arbeiten?"—*Von Grauvogl.*

SECOND EDITION REVISED.

PHILADELPHIA:
BOERICKE & TAFEL.

1901.

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To the Memory

OF THE

Father of Scientific Homœopathy

IN GREAT BRITAIN,

JOHN J. DRYSDALE, M. D.,

THIS LITTLE VOLUME IS

Dedicated

IN AFFECTION, ADMIRATION AND GRATITUDE BY

The Author.

Preface to Second Edition.

MY standpoint is that a tumour is the product of the organism, and to be really cured the power to produce the same must be eliminated, got rid of; cutting it off merely rids the organism of the product, leaving the producing power where it was before, often the operative interference acting like pruning a vine; *i. e.*, the tumour-producing power is increased, and the fatal issue is brought nearer. The following case brings well into relief what I mean: Miss X., æt. 49, still regular, came under my care on July 31, 1893. *Formerly had bad eczema*, was cured in a fortnight by an ointment; several years later—June, 1885—

a tumour was excised from her left breast; said tumour recurred in the same breast and was, July, 1887, again removed together with the whole left breast; then a tumour came in the right breast and in January, 1888, the tumour and whole right breast were removed by a very neat operation. She came to me for a recurrence of the process in the middle of the scar of the right side with a good deal of inflammation. The treatment lasted four years, *ending during the course of the cure in eczema*, and patient is actually in better health than ever before in her life and has now begun life anew as an amateur artist. The eczema is also well. What I am here concerned to demonstrate is not how this particular case was cured, but to make manifest that a tumour is really a vital growth arising from disease in the individual and is not itself the disease at

all; the initial and subsequent eczemas and the tumours being one and the same thing; *i. e.*, the *products* of the disease.

J. COMPTON BURNETT.

Preface to First Edition.

SOME time ago I published a small work entitled "Tumours of the Breast: their Treatment and Cure by Medicines;" and in its Preface stated that it really constituted a part of a larger work on the subject of the medicability of Tumours in general, which I had in hand; the present volume is what I referred to.

Do I include *Cancer* in the term *Tumour?* Yes; and a number of my cured cases were declared to be such by the highest authorities in England; and I hope later on to have the privilege of treating of that dire malady in a separate work — by itself, and apart from Tumours in general—but my clinical material

for *that* task is at present inadequate for the *proof* of what I, at present, must be content to think over to myself in my quiet moments. As Duparcque says:—

> "Le cancer est incurable parcequ'on ne le guérit pas ordinairement; on ne peut le guérir puisqu 'il est incurable, donc quand on le guérit, c'est qu 'il n'existait pas."

The lines of demarcation between malignant and benign Tumours are, clinically, not easily drawn early on, and the exact knowledge obtained when the parts are under the microscope comes too late to be of any clinical use.

If we are ever to succeed in veritably curing grave disease by medicines, we must proceed from the simple to the complex; from the benign to the malignant; and it is

reasonable to begin with the least difficult, and start at the thing in its very earliest stages, for there comes an incurable *stage* in almost every ailment of a progressive nature.

It is extremely important to carefully differentiate between an incurable disease and the incurable *stage* of a perfectly curable complaint. People will say, of course it is; but is it not a fact that new therapeutic measures are commonly tried in the last hopeless stages of disease, and even then often clumsily and unwillingly?

For instance: is it not an almost daily experience of homœopathic practitioners to find themselves called in at the last incurable stages of maladies in which every conceivable method of cure must in the nature of things necessarily fail?

This must be always borne in mind in

regard to the amenability of tumours, whether benign or cancerous. Nevertheless physicians must be firm, and not allow themselves to be sneered or jeered away from their duty, but always *try to cure everything;* I do not mean pretend, but *try*. Many a clinical battle have I fought *and won*, although the winning had been previously proved to be impossible.

Inasmuch as it is not commonly believed that tumours can be cured by medicines, a very important part of my task in this volume should be to prove that it *can be done.* There are some who will say, "we need no proof from you that it is possible to cure Tumours medicinally; that has been proved over and over again." This remark has been hurled at me time and again, but these selfsame men consistently advise their patients suffering from tumour to have the same removed by operation.

Within the ordinary limits of a practical treatise like this, it is not feasible to motive every prescription, and hence the part entitled "Remarks on Therapeutic Principles" is inserted as a necessary part of my subject, and in order to show, in general thesis, the why and wherefore of many of the prescriptions which are, in fact, often not so empirical as they might otherwise appear to be. For, in regard to the choice of the various remedies I have made use of, I felt bound to explain the *principles* that have guided me, so far as time and space would allow; and this will also obviate a good deal of needless repetition.

In *my* judgment they may *all* be included in the word homœopathy, *but there are some* who dispute this, and say that treatment to be really homœopathic must be purely and solely according to the totality of the symptoms. Well, I am bound to confess that I am not

infrequently unable to cure tumours by choosing the remedies according to the totality of the symptoms as set forth in the provings of the remedies. If others can, let them come forward with their clinical evidence; and, if their results are better than mine, I will sit at their feet; if, however, mine are better than theirs, let them sit at mine; but *facta, non verba.*

The practical question with me is this: is it not time to *widen* our definition of homœopathy in regard to the choice of the remedy, and, while leaving the choice of the remedy according to the totality of the symptoms in full force and dignity, draw into it *all* the aids that may lead to the right choice of the remedies; more particularly the natural history of the morbid processes themselves.

In other words, I maintain that choosing the remedies according to the totality of the

symptoms is only *one way of finding the right remedy;* and, moreover, sometimes totally inadequate.

You may *find* the right remedy once in a way according to the old doctrine of signatures; and, even though so found, it *acts homœopathically;* the way of choosing is poor and crude, but it *is a way.*

You may *find* the right remedy by organ-testing after the manner of Paracelsus, and *the remedy acts homœopathically* although *found* that way.

You may *find* the right remedy purely hypothetically, after the manner of Von Grauvogl and Schüssler, the mode of action remains the same, *i. e.*, homœopathic.

You may use dynamized salt—*Natrum muriaticum*—to cure marine cachexia, sea side neuralgia, sea-side headache, and the like, and still the action of the remedy is homœopathic.

You prove, or assume as pure theory, the double and opposite actions of large and small doses of the same remedy, and treat chronic arsenicism with *Arsenicum*, and it is still homœopathy. You may theorize clinically as I do in "New Cure of Consumption," and reach no mean degree of success—further than ever before reached,—and I maintain that it is homœopathy all the time.

The fact is we need any and every way of finding the right remedy; the simple simile, the simple symptomatic simillimum, and the farthest reach of all—the pathologic simillimum; and I maintain that we are still well within the lines of *the homœopathy that is expansive, progressive, science-fostered, science-fostering, and world-conquering.*

J. COMPTON BURNETT.

86 WIMPOLE STREET,
CAVENDISH SQUARE, LONDON,
Easter, 1893.

Curability of Tumours by Medicines.

PRELIMINARY REMARKS ON THERAPEUTIC PRINCIPLES.

WHEN drugs affect certain parts of the economy specifically, the general fact is the one elaborated by the great and greatly vilified Paracelsus, and it constituted the backbone of his practice.

Remedies owning this quality were his *Appropriata*. That is, they are appropriated by the organs they respectively and specifically influence, much as we may suppose the kidneys seize upon the particles in the blood to form what is then known as urine. Grounded on this basis, the medical

practice of Paracelsus was not only in advance of the common medical practice of his own now distant day, but actually much in advance of the orthodox medical practice of the time that now is.

If any one questions this statement let him compare the Paracelsic practice of physic in regard to, say gallstones, with that recommended in the best of the old school practice (I except the eclectics, who are really and essentially organopaths, and often sound practitioners).

Rademacher, in the early part of this century, re-discovered this *Medicina Paracelsica* and having practised it with much success for many years he taught its precepts and practice with such power that a School of Medicine arose, his disciples bearing the honored name of Rademacherians. With these came into general use the words organ-

remedy, organ-disease; the general fact being called organopathy.

Hahnemann founded his homœopathy, Rademacher founded his organopathy (the re-discovered Medicina Paracelsica really) practically contemporaneously with one another, and both may be said to have been in full development in the forties of the nineteenth century.

The specificity of seat of the *Medicina Hahnemannica* (*i. e.*, homœopathy) and the principle of the *remedia appropriata* of the *Medicina Paracelsica* (sometimes termed Rademacherianism) practically coincide.

Hahnemannic medicine in its pristine purity is based on pure pharmacodynamics; it is in fact therapeutically applied pharmacodynamics; its first and deepest ground-work being the principle that given drugs affect given

organs (parts) by self-elective preference. Therefore up to this point Paracelsic medicine and Hahnemannic medicine coincide.

But Paracelsic medicine (organopathy) grows primarily out of the knowledge of drug-action obtained by giving drugs to the sick, and as first indications the older Hohenheimians accepted the doctrine of signatures of things external and internal.

On the other hand Hahnemannic medicine (homœopathy) grows out of the knowledge of drug action obtained by giving drugs to the healthy (the drug-proving), the *first* indications being, nevertheless, for the older remedies, the same as in Paracelsic medicine.

This I assert, and I am prepared to prove the assertion.

After a certain time the practitioners of organopathy adopted the

Hahnemannic drug-provings, and by this adoption became by the very fact large-dose homœopaths. For when the Rademacherian organopath adopted drug-provings he was on precisely the same lines as the homœopaths who gave small material doses: the theoretical admission of the law of likes only separating them.

At this stage the organopaths were homœopathescent as are the Ringerites now. And the more the Rademacherians occupied themselves with drug-provings the more homœopathescent they became, and this went on until their separate distinctiveness waned and went—they almost unconsciously tacked themselves on to the rear column of homœopathy.

The reason why homœopathy swallowed up organopathy lies in the fact that homœopathy *is* organopathy and something else besides, viz.: the differentiating law of similars.

Had the Medicina Hahnemannica not been based upon a law demonstrable by pure scientific experiment, it would have been long since extinct except as an historic expression. But the law sticks fast, and there is no removing it—be you symptomatiker or specifiker, allopath or eclectic. That opium in due dose constipates has been proved: it is admitted. That opium in refracted dose opens the bowels has been proved: it is admitted.

That the kind of constipation which opium produces is similar to the kind of constipation which it does away with has been proved: it is admitted.

What is here stated of opium can be tested; it has been tested and proved unto very weariness—with the competent, therefore, it is admitted.

Taking now the organopaths and the large-dose specificity-of-seat homœ-

opaths as united in principle and in fact, we come to the second point in our task.

THE KIND OF ACTION.

If we admit that certain remedies do really affect definite organs and parts specifically, we come at once to the question *How?* What is the quality of such action? We meet here with the most profound difficulties.

All things considered, the symptoms producible by a drug give to a certain large extent the answer. Thus, in pneumonia and phthisis, blood comes from the lungs, and we know from experience that the pulmonary lesions found in consumption and inflammation of the lungs fully explain why it is that

blood *is* extravasated, and a consideration of the lung functions shews why it is cast out by expectoration.

Now, if we examine into the effects of phosphorus on the lungs, we find that it also produces pulmonary lesions like those found in certain cases of phthisis and pneumonia.

The organopath might say: yes, pneumonia is a disease of the lungs, of course, or at any rate the disease is expressed in the lungs* but I cannot tell what lung remedy to choose, unless I proceed to the clinical test of experiment.

But the homœopath says: oh! no; not at all: we can foretell: with scientific precision and accuracy, what remedy should be given in your lung disease. How? By comparing the

*For my present purpose, and to avoid a long side issue, I leave the *Remedia universalia* out of account.

symptoms of the disease and of drugs, and the drug that symptomatically corresponds nearest to the manifestations of the disease, that drug is the presumptive remedy for the case.

And the morbid anatomy of phosphorism likewise resembles the morbid anatomy of the disease. Hence they are subjectively and objectively similar.

And this is well borne out in practice, whereof literature is full of examples.

I have used phosphorus in pneumonia and phthisis scores and scores of times with strikingly curative results, so have thousands more. Those who deny this power of phosphorus—I, of course, mean *free* phosphorus—must bring me more than mere words before I can admit their denial as having any value.

We are therefore arrived at a point where we admit that a remedy must

not only affect the *same part* as the disease by special elective affinity, but the symptoms of drug and the symptoms of disease must be *like one another.*

This is the KIND OF ACTION.

The symptomatic degrees of kind of action are varied and extensive, but we are here concerned only with the demonstration of the elementary facts of

1*st*—The Seat of Action.

2*ndly*—The Kind of Action.

We now come to

THE RANGE OF ACTION.

If a normal individual gets chilled and a pneumonia follows as a consequence, the disease that we have to

deal with has a no longer existing cause: the chill, which is over and past. What remains is effect, and has located itself in the lungs; the distressed breathing, the cough, the bloody sputum, &c. These are now the disease from alpha to omega.

Phosphorus administered as a remedy will cure this *chill-pneumonia*, and there is an end of it; patient gets quite well, little the worse for it.

If a foreign body—say a little nail—gets into the lung substance, and there sets up a pneumonia with distress of breathing, cough, bloody expectoration, &c.; here we have a still existing cause—the nail.

Phosphorus administered as a remedy will at first, perhaps, seem to cure this nail-pneumonia, just as it did the chill-pneumonia, but then the affair jibs, retrogrades, exacerbates.

The phosphorus is homœopathic to the pneumonia *per se* but *not* to the nail. The nail is here typical of any material still persisting cause such as weak heart, valvular disease, microbes, &c.

Supposing the pneumonia to be caused by still active and multiplying microbes, the phosphorus would play the same part here as in nail-pneumonia; it could not get rid of the nail; it cannot get rid of the microbes.

From this it follows that an accurately correct scientific homœopathic prescription is only possible in the hands of sound diagnosticians; it is not enough to work out the homœopathic equation symptomatically; it must be motived, or the homœopathicity is empirical only. That is to say the *range* of action may be from end to end of the affection, or it may be homœ-

opathic to, and reach as far as, for instance, the nail in nail-pneumonia, or the microbes in microbic pneumonia.

To the (1) *seat of action;* and the (2) *kind of action;* we have now added the (3) *range of action* of the remedy.

It is a sad reflection upon the scientific spirit of the age that the theory and practice of scientific homœopathy are not taught by the most able and most accomplished pharmacologists and pathologists honours and money could obtain.

Homœopathy is not taught at all.

Why?

Just because it is not understood by the common medical unionists, and what *they* do not know is not knowledge. A few of them at times seem to catch hold of its skirts here and there, but as even this constitutes them black-legs one hears no more about it. This the curse of medical priest-craft.

We will go on now to what I shall call the

STOP-SPOT OF THE ACTION.

The stop-spot of the action of a remedy is that spot in the morbid process beyond which it cannot go. Thus in the treatment of nail-pneumonia by phosphorus, the action of the phosphorus is spent or stopped at the spot where the nail is; the nail is its stop-spot. In microbic pneumonia the stop-spot is where the microbes are operative.

We have, therefore, in the range of drug-action to consider whether it is co-extensive with the range of the disease-action, and so reaching to the end, having been coincident from start to goal, or whether it only goes a part of the way. If it only goes a part of the way I call the place where it

ceases the stop-spot, or the spot where the action is stopped or becomes spent.

A consideration of this is highly important, because finding out the stop-spot in the range of action of any given remedy will enable us to winnow the wheat of real cures from the chaff of pseudo-cures.

The contention that the disease is *all* expressed in the symptoms is one to which I cannot assent, because it is not true: it may be, or it may *not* be. It is *not* enough to cover the totality of the symptoms; for when this has been done we are only half way, we have then to ask these questions: what is the real nature, the natural history, the pathology of the malady under consideration? What caused it? Is the cause still there or has it gone? Is the *drug* chosen *capable* of producing a real disease like the one before us? In

fact: is it *really* homœopathic to the morbid process—coincident—adequate—reaching from beginning to end? *If not, we are on the wrong scent if we are to really cure and not merely palliate.*

I once attended a young girl, over a series of years, for repeated attacks of congestion of the brain: she flushed up hot and red; her pupils were wide open; she was restless; she tossed about and talked nonsense. This is a fair picture of poisoning by belladonna, and hence Bell. was given each time, and each time it cured. Finally, in one of the attacks, the Belladonna failed to act, and patient died.

The end showed that the various attacks had been from tubercles, and then we clearly saw why it was that the patient died; and why it was that Belladonna had cured the symptoms and yet left the disease proper behind, and whereof patient eventually died.

In this case the drug Belladonna was the remedy of the attacks up to the tubercles, but no further: the place where they were operative was the stop-spot of Belladonna, up to this stop-spot it was operative, but no further; and why? Just because there existed no homœopathicity beyond the stop-spot; from the start to the stop-spot the homœopathicity was striking, and its remedial action full and complete, but between the stop-spot and the goal it did not act, because there was no homœopathicity. Belladonna as we know is not capable of producing a morbid process analogous to tuberculosis. Of the absolute truth of this I have many times satisfied myself.

We thus find that a drug, to really cure a disease, must affect the same or similar part as the disease; it must affect it in a similar manner, and more-

over the range of drug-action must be co-extensive with the disease-action.

In the treatment of tuberculosis, notably of the brain coverings, I have sometimes succeeded with Glonoin 3^x and Iodium 3^x in alternation.

I have used these two remedies in this form of consumption for many years with relatively satisfactory results, and have thus many a time brought unshapely hydrocephalic heads to something like shapeliness. But the tubercular virus itself is by far more uniformly efficacious as a rule; it is more prompt and deeper-going. I have at times been almost awestruck at its marvellous action.

In the simple diseases of organs and parts, we can get on beautifully well, and cure our patients with joy and satisfaction, with the aid of the homœopathic specificity of seat, or

organopathy; the quality of the action here is simple, and simple homœopathicity is enough.

A step further and we come to complicated and differentiated maladies and sufferings; here we want, and must have differentiated and scientific homœopathy in its fullest development, and in its entire range of dose. With these conceptions of place of action and kind of action of remedies, carried out in practice with faithfulness and perseverance, physicians can do great things. But almost all the remedies heretofore used in practical clinical life are of necessity limited in their ranges, and thus it comes to pass that the ranges of action of a good many diseases extend a long way beyond the stop-spots of the actions of our remedies.

Now, therefore, if we are to find remedies for such diseases we must, I opine, go in quest of them; we want

remedies whose ranges of action shall be equal to and co-extensive with the ranges of action of the diseases.

Thus tuberculosis affects the brain-coverings—so does belladonna; here we have specificity of seat, or organopathy—but this does not suffice; the acute tuberculosis flushes the face, causes delirium, dilatation of the pupils, &c.; belladonna also flushes the face, causes delirium, dilatation of the pupils, &c., and therefore we may say that belladonna and tuberculosis are therapeutically convertible, which is true up to a certain point, viz., the stop-point of the tuberculosis action and the stop-point of the belladonna-action do not coincide.

I am going to walk twenty miles to my goal along a given route, my strong friend is going the same route, and thus I shall have a companion, but Amicus only goes twelve miles, and this

therefore leaves me eight miles to go alone; and as the danger lies in the last few miles only, the companionship of Amicus in the twelve miles he travels my way is no good to me, as I shall be robbed and killed after he quits me. This is the exact relative position of tuberculosis of the meninges, or hydrocephalus, and belladonna; belladonna is the friend who only goes the first twelve miles of the twenty-mile journey.

We want a twenty-mile remedy, twelve is not enough; for with a twelve-mile remedy we perish.

Far be it from me to undervalue the importance of the symptoms, or to speak lightly of the totality thereof as a sure means of finding the remedy in a given case, but be it equally far from me to regard symptoms and covering the totality thereof as other than a means to the finding of the remedy; for covering the totality of the symptoms may

be, and often is, nothing but scientific palliation.

If the range of action of the remedy be not coincident with the disease itself a real cure does not result, no matter how many symptoms you may silence.

I cannot subscribe to the generally accepted view that when you have covered all the symptoms of a case you will necessarily work a real cure; you may do so, or you may only palliate the case; certainly this kind of palliation is scientific and, *pro tanto*, beneficial, but palliation it is and palliation it remains, *e. g.*, Gallstones are not gone when you have laboriously covered the symptoms and thoroughly cured them. And so on.

To cure a disease by remedies, the remedies must stand in some relationship to the disease-process itself, no matter whether the symptoms reveal

the process or not. If the symptoms spell out the morbid process, the symptoms suffice.

To me the physician who never gets beyond the symptoms is like a reader who, in order to read, is always obliged to spell his words.

In the graver forms of disease the only bodies that I am acquainted with which have a *range of action* coincident with the disease-processes themselves are of zoic nature and frequently those which are causal or constituent of these same processes. See Ameke, the literature of the nosodes, and my "*New Cure of Consumption.*"*

*And also my "Natrum Muriaticum as Test of the Doctrine of Drug Dynamization," in which it is clearly demonstrated by clinical facts that the small dose of *Nat. mur.* fully antidotes the effects of the larger quantities of the crude salt already taken and still being taken.

The disease-processes are in quality zoic; the remedies, to have a range of action equal to the disease-processes, must be likewise zoic (like in quality). That zoic remedies constitute the field of promise, for the further development of progressive scientific homœopathy, I am beginning clearly to see, though only through the gate ajar, but I live in hope of more light. Here let me just say that where zoic remedies are named in this work, they were chosen on a tentatively workable hypothesis of my own, and that although they are often so chosen purely hypothetically, they are no more and no less than homœopathic remedies, pointing to a great advance in homœopathy.

Some Hahnemannian reviewers of certain of my writings have said hard things about me, possibly with the good intention of stifling a new heresy. I have nothing to do with any man's

subjective opinions; the *future* of medicine belongs to homœopathic pathologists, and to really cure the great diseases (with a pathologico-anatomical basis) we MUST HAVE remedies homœopathic to such morbid anatomy, at any rate in its earlier stages.

No drug is capable of curing a morbid state homœopathically, unless it is capable of producing one like it.

I am quite prepared to grant, indeed I quite believe, that every morbid state or process MIGHT BE *cured from the symptoms alone as a guide*, PROVIDED such states and processes had been actually *produced* pathogenetically in healthy human beings, and the symptoms produced had been duly noted during the days, weeks, months and years (and perhaps lives and generations of lives), wherein such processes are being evolved. But that

is not, and in the nature of things to a very large extent, *never* can be.

To speak of the "all-sufficiency of symptoms" is to mislead some, to disgust others; and in general it effectively dams the stream of homœopathic progress.

However, in this little treatise, it is not a question of opinions, but of facts; we shall all agree that *Tumours* are solid facts.

The Cure of Tumours by Medicines.

CHAPTER I.

ALL knowledge is, I take it, a revelation from the Great Source of wisdom, and that this knowledge may not be too great for our small minds, it comes to us gradually, according to our several stages of development.

Knowledge is therefore for the individual progressive, and the enigma of to-day may be palpably clear to-morrow.

Science is knowledge technically expressed, and as Tennyson says, "moves but slowly, slowly creeping on from point to point." The practical

application of the sciences to the behoof of curing diseases by remedies is usually considered an art. But science and art must go together, and it is not always easy to draw a line demarcating one from the other.

I understand by "medicable" and "medicability" not quite the same as "curable" and "curability."

Medicable, for me, is that which may be treated by medicaments (remedies, medicines) with a fair prospect of being ameliorated or cured thereby, and *medicability* is the substantive formed therefrom. I have never seen these words used in English, but adopt and adapt them from *médicable* and *médicabilité*, which I have observed here and there in French works.

Tumours have been occasionally cured by medicines, records whereof may be found in literature, more especially in that of the homœopathic

school; therefore it *is* possible to do it.

But though such be the case, the indications for the use of remedies for the withering of tumours are so meagre that few believe in, and still fewer undertake, their medicinal cure.

Trying to cure what is commonly held to be incurable is a laudable ambition, and by no means the same thing as *pretending* to cure, though unhappily for medical progress "trying" is commonly confounded with "pretending."

If you try and fail, you are laughed at; if you try and succeed, you are hated; I have experienced both, and so speak feelingly.

I have myself diligently tried to work out the problem of the cure of tumours by medicines, and issued a preliminary fragmentary essay on the subject, under the title of "Tumours of

the Breast, and their Treatment and Cure by Medicines,"* which contains the narration of the cure or amelioration by medicines of a number of cases of tumours of the breast.

In these pages I shall assume a knowledge of the contents of "Tumours of the Breast," and hence shall not quote from it; but I will just say that I claim therein to have proved positively, though on a limited scale, that tumours can be cured by medicines; the curability of tumours by remedies being thus demonstrated scientifically and practically.

I will now advance a step further with my subject, and treat of tumours wherever situate as *medicable*. And the quality of being medicable—of being curatively amenable to drug treatment, I shall term, as already said, *medicability*.

* London, James Epps & Co., 1888.

Of course whoever steps out of the ranks and propounds a thesis not commonly maintained, the same must be prepared to fight; I shirk not the battle.

The *Dichter* says:—

"Das ist der Fluch der bösen That, dass sie fortzeugend Böses muss gebaehren," but happily the converse is also true, for it is the blessedness of a good deed that it produces its like.

Perhaps I could hardly do better, by way of opening the battle, than reproduce here what I published in the *Homœopathic World*, Vol. xxiv., No. 280, March, 1889, under the heading:—

Case of Tumour of the Breast cured by Medicines.

For something like a dozen years I have treated tumours of various parts of the body with medicines, and at odd

moments during the past two years I have been writing out my, more or less successful, cases, beginning with the most gropingly tedious ones: partly for my own instruction, partly to show how I came to believe in the curability of tumours by medicines, and finally as the ground-work of a contemplated publication on the subject.

In the spring of last year a lady informed me that Jessie S—— had been to a London Hospital with a tumour of the breast, and that the medical authorities had declared an operation to be imperative.

As I knew the girl's appearance, I said I was quite sure an operation was not necessary. Indeed, I felt very grieved that such views should be held on the question of tumours and their amenability to drug treatment, *i. e.*, in a well-nourished young person of twenty years of age.

I forthwith set to work and issued the small volume, entitled "Tumours of the Breast: their Treatment and Cure by Medicines," and in its preface related the just-mentioned circumstances.

I had the less hesitancy in bringing out the work, as—so far as I am aware—there is no British or foreign monograph on the medicinal treatment of tumours of the breast extant.

Of the practitioners of general medicine, I do not suppose 1 per cent. believe it *possible* to cure a tumour with medicines. Of the British physicians and surgeons practising homœopathy, I should say that the vast majority of them hold the same views as their allopathic colleagues. Those who do believe the thing possible have for the most part a sort of academical notion that it can be done here and there, but they have half a notion also that

possibly errors in diagnosis may account for not a few of the supposed cures. Still they would not deny, and would hardly affirm, that tumours are what the French call *médicables.*

On the other hand, cases of tumour have been reported as cured by homœopathic remedies all down our literature, and a certain number of British homœopathic practitioners have for long been in the regular habit of treating the cases of tumour that come under their notice with homœopathically chosen remedies.

The whole of British homœopathic literature might, perhaps, show three or four such cases a year. I mean *published* cases; because we know nothing of the yet unborn. In view, therefore, of the fact that we had practically no work on the medicinal treatment of tumours, I thought it my duty to come forward and state my own

views and experience, believing that it is of primary importance to suffering humanity to demonstrate to the medical profession *that it is possible* to cure tumours with medicines, since it must be manifest that no sensible man will set about learning how to do a thing which he believes to be impossible—the present editors of *The Monthly Homœopathic Review* always excepted: they are evidently of the opinion that people wish to be instructed in the therapeutics of the impossible.

Now that my "Tumours of the Breast" is on the their tables they find (see their last month's *review*[?] of it) that—First, Nobody doubted it; secondly, that the work is well done; thirdly, that it is badly done; fourthly, that they hope many will read it; fifthly, it is not worth reading; and, lastly, they hope no one will write another like it!

Now I should like to ask these editorial reviewers three questions:—First, Why do they not quote my preface? Secondly, why do they not say that almost *all* they urge against the book is urged in the book against itself? Thirdly, Where is there *any* other work on the same lines with a twentieth part of even *its* bill of fare? I was an editor once myself, and am familiar with the cheap glory obtainable by reviewing a book out of itself.

Now let me give a little piece of advice to my reviewers in case *they* should favour *me* with a copy of a work on "Tumours of the Breast: their Treatment and Cure by Medicines"—Do not, in building your therapeutic house, *begin* with the *roof*, which is the proceedings your review recommends to others.

The case I will now tell about is the identical one that I have referred to,

and which sent my aforesaid work to the press as a declared fragment, and which my said reviewers have discovered is what it is, and what it professes to be, *a fragment.*

Miss Jessie S—, *æt.* 20, having had her left breast condemned at a well-known London Hospital, excited my sympathy, and I had her brought to me, offering to treat her for nothing as she is but a poor orphan.

She came on May 24th, 1888, and informed me that two years previously a lump came in her left breast, which lump persists in growing, and pains. In the left mamma there was a tumour in its outer lower fourth, about the size of a baby's fist. I have pointed out in my book on "Tumours of the Breast," that, in my experience, mammary tumours are most commonly of ovarian origin. It was so here. The left ovary was hyperæsthesic and the menses had

always been too frequent, at the time in question, every fortnight. Patient was a *large salt eater.* The mammæ were rather unduly large. She had been recommended by the physicians and surgeons at the hospital to have very nourishing diet, and to take *as much milk as possible!!*

In three months the menses were normal: the tumour was gone, and thus far has not returned. *Thuja* 30, *Acid. nit.* 30 and *Sabina* 30 were used in infrequent dose, and each given during one month by itself alone and in the order named.

P. S.—The "Hahnemannian Monthly" and the "Review" both observe that I was very fortunate in having patients who persevered with my treatment so long. That may be; but as the earliest and most tedious cases paid me, for the most part, no fees at all, I have not felt the "fortune" further

than that it justifies my motto—"Keep on pegging away."

I ought to have added to the foregoing narrative that I forbade salt and milk, other than in very moderate quantities, and recommended a partial exclusion of meat from the patient's dietary, as also the ovary-irritating condiment known as pepper.

Pepper, salt, and milk are *bad* in cases of mammary tumours from ovarian or uterine irritation, and many of these tumours are of such origin.

In the very next number of the same journal I was pleased to see the following from the pen of Dr. Harmar Smith, then of Guildford :—

CASE OF TUMOUR OF THE BREAST CURED BY MEDICINE.

THE perusal of Dr. Burnett's interesting case under the above title, in the current number of *The Homœopathic World*, has reminded me of a somewhat similar case, which occurred in my

own practice many years ago. I made notes of the case at the time, but cannot now lay my hands upon them, so write from memory.

The tumour was seated in the mammary gland (my patient had had a family). She was pale and delicate, and often ill. She was approaching the climacteric epoch, and the catamenia were abnormally frequent.

The tumour was about the size of a Tangier orange, and very hard, so that Mrs. S. feared it was malignant (she knew too much for her own comfort), and was much depressed in consequence, and I could only partially reassure her, as I was not sure that it might not be as she supposed, and that it was not carcinoma in an early stage.

I, however, "pegged away," as Dr. B. says, with my medicines, and had the satisfaction of seeing the tumour gradually melt away, lessening both in size and hardness, and in about three months (the period occupied by Dr. Burnett's case) it was quite gone. I believe there was no local treatment, or if any, only a poultice or fomentation. One thing I very distinctly remember, viz., that I believed the cure was due solely to the medicines. These were *Phytolacca* and *Hydrastis*, in low dilutions.

After this I thought I had secured my patient *pour toujours*, but alas ! I had to prove afresh the truth of Scott's lines—at least as to patients:

> "Oh, woman ! in our hours of ease,
> Uncertain, coy, and hard to please."

Having to go from home shortly afterwards, to accompany a patient whose mind was off its balance on an Italian tour, I found on my return home that the physician who had attended Mrs. S. for me in my absence had taken my place as her ordinary medical attendant.

An examination of the index of the first twenty-seven annual volumes of *The British Journal of Homœopathy* confirms Dr. Burnett's statement, as to the paucity of cases published in British homœopathic literature of tumours treated on the *similia similibus curantur* principle. In all these years there are only about a dozen of such papers published in what was so long *facile princeps* in British (I might have said in world-wide) homœopathic periodical literature.

Amongst this number of papers the fullest by far is one by the late Dr. Viettinghoff, in the seventeenth volume. He gives full details of thirteen cases, all of which, with one exception,

he believed to be cancerous, and several he reports as cured. Dr. Viettinghoff, however, made use of such a multitude of medicines, that it is impossible to say which were operative. There are some cases also of amelioration or cure of tumours of the breast reported by Dr. Hughes in his "Pharmacodynamics," under the headings of *Hydrastis* and *Phytolacca*, the medicines prescribed in my own case.

I think this fairly typifies the position of most homœopathic practitioners in regard to the medicability of tumours; like Dr. Harmar Smith they cured a case or two "many years ago," and there the matter rested—nothing more came of it; and ever since, I dare swear, they have sent pretty well all their tumour cases to the surgeons.

Doubtless ingratitude does blight many rising therapeutic efforts, and unrequited labour will not thrive. Had Dr. Harmar Smith cut off the peccant breast, his patient would have

been ten times more grateful because more impressed; and because she would have comprehended the operation, whereas she did *not*, *could not*, comprehend the gentle medicinal cure.

I once cured a gentleman's wife of a dangerous tumour of the breast; she is alive, and quite well both of it, and of herself, now—[cured, therefore, according to John Hunter's definition]. When he first brought her to me he ridiculed my opinion that the tumour was medicable, because in direct contradiction to Sir J.———; when I had finished the cure, however, he rated me soundly because I had been nearly three years doing it, whereas, said he, "You told me that it would be only two." (I had said I thought it might be perhaps two years.) I lost my temper with the good squire, which I regret, for on reflection it is manifest that he did not understand, could not understand,

how the opinion of a homœopath could possibly be as good as, or better than, that of Sir James; he had not sufficient knowledge to judge, and also not enlightment enough to be able to know that he did not know. Whereas he knew right well that both the world of science and (what is much more) society would endorse the opinion of Sir James, and do its best to stifle mine, and that with honest intent.

But good intentions are not necessarily of any service; when the blind lead the blind and both fall into the ditch together, the good intentions of of the blind leader avail nothing.

When medicines had quite cured the tumour of his wife's breast, the only thing that struck him was not its wonderfulness, or the imperceptible gentleness of action of the remedies made use of, or its scientific beauty, but the *slowness* of the cure! In his

mind cutting off and curing are convertible terms.

I have noticed that the longer it takes to cure a tumour by medicines the less people esteem it; and, indeed, that from their standpoint is natural enough, for the simple and sufficient reason that they have not enough knowledge to form a correct judgment. Still the gentleman referred to had been to Oxford, and thus runs his creed:—

"My name is Blow-it,
And whatever is KNOWLEDGE, I know it.
I'm master of New College;
And what *I* don't know isn't KNOWLEDGE."

CHAPTER II.

The Difficulties.

WHY is it that, as we have just seen, odd cases of tumour have been cured by remedies here and there for many years, notably by homœopathic practitioners, and yet the systematic medication for tumours is still non-existent? I take it that the difficulties of the task, the complexities of the clinical problems to be solved, the incapacity of mankind to value and understand the work done, all tend to prevent it. And even more still, the venomous hatred of those who can *not.*

But I will imitate the little birds by taking my little notions one stick at a time.... *petit à petit, l'oiseau fait*

son nid, which is a process of proved practicability, and I will in like manner endeavour to construct a method of curing tumours with medicines; as it is not absolutely scientific, I cannot present it as a complete and polished whole, with a smoothly euphonious Hellenic name, but what it lacks in science it fully makes up in sense, and so let it be known as my stick-by-stick method.

After all there is nothing positively of saving grace in Hellenic names, as witness the name *Surgeon*, which is indisputably Hellenic, being from χείρ the hand and ἔργον work, and hence χειρουργὸς is a handworker and χειρουργία is surgery, or handiwork; and yet notwithstanding this very respectable family history, surgery offers no cure for tumours sufficiently pleasing to my mind for me to be desirous of its aid were I afflicted with a tumour in any part of my body. Surgeons may think

the cutting-out and cutting-off processes "curing;" I think them a last sad refuge of helplessness. One of the great difficulties in the medicinal treatment of tumours lies in the *kinds* of studies that have been prosecuted in relation to tumours, their ætiology being but scantily considered, while therapeutics is simply scouted.

Essentially all we know of tumours is, more or less, what they are made of, as shewn by that very valuable instrument the microscope. It is very curious to take a look at the various works (their authors like them to be called scientific) on the subject of tumours, and how when one has read a goodly number, the only thing that has been really treated of, is practically their morphology and structure, and then .... "cut them off."

Hunter, however, knew very well that when he cut out a tumour he

had only got rid of the *product* of the disease, not the disease itself. But then Hunter was a thinker; and, instead of being made a baronet, was hounded to death by pettifoggers.

Composed wholly or mostly of, or growing from fibrous tissue, the tumour is called a fibroma; of bone, osteoma; of cartilage, enchondroma; of fat, lipoma—respectively stertoma; of muscle, myoma; of nerve, neuroma; of embryonic fleshy stuff, sarcoma; of glia, glioma; encapsuled, and like a bladder, cystoma; and so on almost endlessly.

Of course, for purposes of classification, as a mere matter of natural history, this positive scientific method is absolutely sound and useful, and biologically even interesting, but for the practical physician (not to mention the patient!) it is at present of but small value.

It does not help the surgeons (though I hope to make it help me a little). And the proof of this lies in the fact that the longer this line of research is continued in, the more diseases we get, and the more doctors mankind needs. The more "'omas" we have the more surgeons we want! To turn human suffering to account for biological research is not my ideal of medicine.

My ideal of medicine is rather that which tends to its own elimination, *i. e.*, the more it advances, the nearer it comes to its own destruction, and hence, preventive medicine should have the highest rank. Fortunately it is just in preventive medicine, in its crudest form, at any rate, that nearly all medical men work, wherefore they deserve well of mankind.

But to return from this wandering at large to my tumours, I would say, that though in my judgment lipoma,

fibroma, myoma, sarcoma, &c., as designations of tumours are therapeutically so little helpful, still they do, nevertheless, constitute a comparatively fixed basis of classification, and that is something. And even here it is not entirely valueless; the fact is, *all* real knowledge helps.

One reason why tumour-curing by medicines has barely entered upon its baby life, lies in the wholesale and crude way in which the subject has been therapeutically approached; people have sought a *solvent* for tumour generally, but tumours are *vital* growths, and must be *vitally* approached and regarded. What comes vitally, must go vitally, and therefore gently, painlessly, and comparatively slowly.

This slowness is very detrimental to its adoption: I will exemplify—I had cured a lady of a tiny tumour in her nose; she was pleased and

grateful, and subsequently brought to me her niece, on whom the doctors were about to operate for a small ovarian tumour; I cured this tumour also, but it occupied two years or thereabouts, and then aunt and niece both persuaded a friend, a lady residing at Sheppard's Bush, to come to me. How long did I think it would take to cure her ovarian tumour? At least two years. I prefer the operation said she, that will only take six weeks.

But it took less—she died under or shortly after the operation.

Of such examples I could give so many that I must conclude that the operational statistics I read in the medical journals are made up very hastily.

The same aunt and niece persuaded a lady from Chatham to come to me for a tumour of the breast; the lady's husband declined my treatment, as I

thought it would take two years at the very least. She was successfully operated on, and thoroughly cured thereby of her mammary tumour; nine months later, she was again thoroughly cured of another tumour, by a perfectly successful operation; a few months thereafter, she was again successfully operated on for another tumour, and just as she was getting well—she died.

CHAPTER III.

Homœopathy—What good is it in Tumour-curing.

THERE are many thousands of more or less learned medicoes—in fact, the vast majority of *the* profession, who "don't believe in homœopathy at all, you know." I have heard it called by many names; some of which are "nonsense made difficult." (That's what I used to call it!!) "Therapeutic nihilism," (von Schroff); "the negation of science in therapeutics;" "the deathbed of diagnostics;" "old women's plaything;" "d—— quackery;" "a trade-mark for the unsuccessful;" "an advertising medium;" "the invention of a German quack who sold pnœum at a high price, which 'pnœum' was borax."

Perhaps the wittiest I ever heard was . . . "Homœopathy! my dear madam—yes, I know what Homœopathy is; it is—nothing!" and lately I was reading a smart pamphlet in which the author thus burst forth into eloquence:—

"The medical world was at this time governed by Theory, Empiricism, Authority, and Speculation. The majority of practitioners blindly followed the authority of the past, and bled and dosed by the book, or adopted some strange theory. For example: Doctor Letsom, a practitioner of standing in London, read a paper to the Medical Society of that city in 1783, recommending lizards for the cure of cancer and other diseases. Well may the following lines be attributed to him. He is made to say:—

"When patients come to I,
I physics, bleeds and sweats 'em.
And if they choose to die
What's that to I, I lets 'em."

A good illustration of the speculative tendency may be found in the theory formed by Hahnemann, at the close of the last

century. He ignored all previous medical knowledge; denied the existence of any curative power in the system; that any knowledge of anatomy, physiology, pathological anatomy, diagnosis, or the investigation of the nature of disease, was necessary to the physician, and claimed that symptoms alone should be treated, and that the more the medicine was diluted the greater its power over disease."

So if calling bad names would kill, we should not have to expect much help from homœopathy in tumour-curing, or in anything else, for it would be dead.

"What do you think of these apples, Sir?"

"Don't know; let me eat a few and I'll tell you." So let us take a bite or two at the homœopathic apple and see what it is like.

Homœopathy says that those natural bodies called drugs that will cause morbid symptoms, will cure morbid

symptoms thereunto similar; and to find out what drugs can do therapeutically, we must try them on healthy people to find out. But where are the healthy people to be had, who will eat drugs long enough and in quantities large enough to grow tumours in their bodily parts?—clearly they are not forthcoming.

This has rendered homœopathy almost helpless in medicinal tumour-curing, but all the same the chapter of accidents proves theoretically its absolute soundness, as does also pure symptomatic treatment without any regard to morbid anatomy at all. It has been proved that the homœopathic treatment of symptoms does sometimes result in the cure of the tumour causing such symptoms; thus Colocynth given for its pains has several times cured, not only such pains, but also the entire state, tumour and all.

But here the difficulty of finding a remedy which shall be homœopathic not to the symptoms due to the presence of the tumours, but to their causation—that is to say, to those symptoms which constitute the disease-picture, and which lead up to, and end in the formation of tumours—this difficulty is, in the present state of our knowledge, well-nigh insurmountable; hence I have learned to hang my hat on any peg I could find. And as the chapter of accidents helps us a little, let us start with it.

CHAPTER IV.

The Chapter of Accidents. Bony Tumours.

IT has often been maintained by the well-meaning in the homœopathic ranks that animals cannot be used as provers for our remedies. This is no doubt true as regards pure symptomatology, but I am of quite the contrary opinion as regards pathological states: disturbances of nutrition, tissue-change and tumours.

Let me prove this by adducing a case of exostosis cured purely homœopathically, yet without any regard to symptoms, the choice of the remedy being based upon the morbid anatomy alone. This *proves* that morbid anatomy may be taken as a prescribing

basis in medicinal tumour-curing on homœopathic lines. This point is very important, because many deny it, and maintain that the totality of the symptoms alone must serve as the basis for a truly homœopathic prescription.

This case also *proves* that *animals* may be utilized as provers: on the basis of morbid anatomy, of course.

Case of Exostosis of Right Os Calcis cured by Hecla Lava.*

Dr. Garth Wilkinson went once to Iceland for a holiday, and observed that the Animals which fed in the pastures where the finer ashes of Mount Hecla fall, suffered from immense maxillary and other exostoses. Being an adherent of the scientific system of medicine founded for us by Samuel Hahnemann, he brought some Hecla lava home with him, and it has been already successfully used to

*From "Fifty Reasons for being a Homœopath," by the writer.

cure affections similar to those which it is capable of causing.

On July 3, 1880, a young lady, æt. 15, came under my observation with an exostosis on her right os calcis, somewhat smaller and a little flatter than half a walnut shell. It was at times painful. Patient was in other respects in good health and well nourished, but her teeth were not very sound. She goes blue in winter, and suffers also very badly from chilblains both on hands and feet, worse on hands.

℞. Trit. 2 *Heclæ Montis lavæ* ʒ iv.

S. Six grains three times a day.

17th. The exostosis is decidedly smaller; it never pains now.

Pergat.

September 25. The exostosis has entirely disappeared; the two heels being compared, no difference between them now can be discovered.

Hecla lava has been shown to consist of silica, alumina, calcium, and magnesia, with some ferric oxide. We are therefore not astonished that it can cause and cure oxostoses.

Brother allopath, this is science in therapeutics; what have *you* to take its place? Give absorbents and paint the part with iodine? What guarantee can you give me that your absorbents will not absorb a bit of the pancreas or some small glands in lieu of the exostoses?

I said we are not astonished that Hecla lava can both cause and cure exostoses: for both silica and lime do the same.

Now here we have a bony tumour—let us say osteoma—cured by a natural body that produces bony tumours in animals.

I have cured several bony tumours of the jaws with the same remedy, and that very promptly: they were all of recent origin.

I treated one lady for a bony tumour of the skull with Hecla lava (after the failure of Aurum), but it

made it so painful that patient refused further treatment; I have an idea that if she had persevered her osteoma would have disappeared, and this, I think, is borne out by the Dublin physician's horse-case, which shall come in here.

In the "Monthly Homœopathic Review" for January, 1882, may be read the following eminently instructive gritty paper:—

THE TREATMENT OF SPLINTS IN HORSES.

BY W. B. B. SCRIVEN, M. D.

EVERY *bonâ fide* example of the genuine action of the law of similars is valuable and worth recording. This is more especially the case when the subject is an unimaginative pachyderm who is ignorant of the object of the treatment of which he or she may be the victim. I may here observe that the lower animals have in several instances been instrumental in convincing some of the most powerful intellects of the truth and superiority of our system of cure. Archbishop Whately was converted in this wise.

My late friend, Dr. Charles Luther, had attended, with success, one of the Misses Whately. Her father, then a candid unbeliever, could not refuse his assent to the fact that the health of his daughter had been quite re-established under Dr. Luther's treatment, after a long period of delicacy and active medication *secundum artem*. His Grace, still sceptical as to the efficacy of infinitesimals, remarked that Dr. Luther's success might, in a great measure, be due to the action of "mind on matter," but said, that if he (Dr. Luther) would cure his favourite dog, a brown Irish water-spaniel, who was almost depilated by mange, and been under the care of the most distinguished vets. in London and Dublin, he would believe. Luther accepted the challenge: the dog recovered his hair and his health in six or eight weeks; the great logician became a firm homœopath, and continued so till death.

We have now to do with a larger, if not nobler animal. About three years ago I bought a well bred mare, five years old, with a very prominent splint, the size of a walnut, on the inside of the near fore leg, about three inches below the knee. From its position and its having become thoroughly ossified, it did not

cause lameness or constitute "unsoundness," but was a blemish which I hoped to remove. Dr. Garth Wilkinson has drawn attention to the action of the lava of Mount Hecla on the cattle and ponies which graze on the slopes of the mountain, giving rise in them to various bony deformities.

It occurred to me that if the lava could produce exostosis it ought to cure splint. I got our friend, Mr. Gould, to prepare an ointment of one drachm of 1st trit. of lava to an ounce of lard. This was rubbed on the splint night and morning, and five grains of the 3rd dec. trit. was put on the mare's tongue twice a day. In three weeks the splint began to soften, and in three or four more had quite disappeared.

The next case was that of a valuable high-stepping harness mare, twelve years old, who, when young, had thrown out a large splint, which, after hard work, used to inflame, and lame her, but latterly had given us little trouble. As an experiment, I ordered the same treatment to be resorted to with her, and in a few days the splint became so tender that we desisted, and when the aggravation passed off the splint had become smaller, and now causes no inconvenience.

Last summer, a military friend told me he had a very valuable hunter which had become lame from ossification of the cartilages of both fore feet. I mentioned my success with the lava, and advised him to try it. He afterwards went abroad, and when in London *en route* for Cannes wrote to me as follows from the Army and Navy Club, Pall Mall: "My horse was affected in both fore feet with a considerable enlargement and hardness of the cartilages from ossification. I applied your remedy both internally and externally for three weeks, before I perceived any improvement, but after that time the benefit was very marked, both in removing the enlargement, and also taking away the hardness at the heels and restoring their springy feel. Whether the cure will be perfect, time alone will tell, but so far nothing can be more satisfactory. I am still going on with the treatment. Again thanking you much for your kindness, &c., &c."

I called some days ago at the stables of my friend, and saw the horse, who has now no trace of hardness, and goes perfectly sound.

Dublin, 23rd Nov., 1881.

Scoffers at homœopathy not infrequently score a point with the prejudiced, ignorant, and weakminded by maintaining that it is *faith* that works homœopathic cures. Well, I wonder if this Dublin physician's horse-patients had the faith that heals? or the archbishop's dog?

I lay great stress upon these cures of osteomata by Hecla lava because they conclusively demonstrate that the law of similars *is a workable instrument* in the medicinal treatment of tumours; also it shows that the accepted anatomical classification of tumours is *some* help to US. And, moreover, what a vista of therapeutic possibilities this opens up to us! When we know what natural bodies can produce myomata, neuromata, fibromata, lipomata, &c., we shall to some extent have their remedies straight away.

But we shall need a careful discrimination, for I have noticed that the so called tumours do *not* yield to Hecla lava, and hence I infer that the bony tumours which yield to it must be of a spongy texture, and that those caused by it are built in the same way.

CHAPTER V.

Enchondromata.

Von Grauvogl's Deductive Homœopathy.
Nutrition Remedies.

TUMOURS, so far as animal chemistry knows thus far, contain nothing of a specific nature; neither does the morphology of tumours offer any therapeutic ground-work, unless it were based upon the *signatura rerum naturalium*, which is not now in vogue.

It may not be generally known that the late Dr. von Grauvogl always claimed the mental parentage and right of priority of the *Nutrition Remedies* which Dr. Schüssler, of Oldenburg, has brought into such prominence, and von Grauvogl never ceased to throw the accusation of

plagiarism at Schüssler and the latter has never ceased to protest against such accusation.

Grauvogl's Theory of the Nature of Enchondroma.

Our author first gives a case of rheumatism cured with benzoic acid as an example of a *function-remedy.*

By the way, if my readers are not acquainted with v. Grauvogl's status in the world of medical thinkers, let them read—if they can—his *Lehrbuch der Homœopathie*, Nürnberg, 1866. It is from this work (and what a *work!*) that I quote whenever I refer to Grauvogl.

He fitly chooses, for the purpose of its exemplification, a disease that the physiological school unanimously declare to be absolutely incurable, viz.: Enchondroma, or cartilage-tumour.

It was the first he ever cured, and the subject was a pale boy of fourteen years of age, who having taken off a useless bandage, showed Grauvogl his right hand; the metacarpal bones of his ring and middle-fingers, as well as those of the index and thumb, and the bones of the middle-finger itself, were swelled up, forming hard oval bulging masses with even surfaces; all the joints being implicated and unrecognizable, and hence, for half a year past, immovable.

These parts were in different places denuded of skin by ulcerous surfaces through which the bones were recognizable from the grating produced by a sound. The lad, a labourer, had a good deal of pain in the diseased parts, was very sleepy by day, languid and very depressed.

Surgery could, of course, do nothing but destroy the hand by exarticulating it.

This pathological process of cartilaginous metamorphosis of the bone is called Enchondroma, the new formation of which it consists is morphologically and chemically exactly the same as cartilage.

The only constituent of bone which is lacking in cartilage is silicea. In the bones of adults there are 0.003 of silicea to 25,628 grammes by weight of bone. In fact, cartilage is bone minus silex.

Here arose a happy thought in Grauvogl's mind:

What if this pathic cartilage formation could be brought back to normality by supplying the silicea as a nutrition-remedy! No sooner thought than done: he gave Silicea 6, five drops every two hours; in a week some improvement, in another fortnight the joints could be moved, in a further fortnight all the concomitants

had disappeared: appetite had come back, the drowsiness was gone, the lad was cheerful, joyful and happy at his recovery. In eight weeks he was well, and sixteen years later he was still continuing so.

Grauvogl's idea—in which I fully concur—is not that the *Silicea* 6 itself supplied the lacking silex, but acted dynamically, enabling the organism to appropriate the silex it needed from the food in the boy's stomach. Silex was not presumably wanting in the food, but the organism was unable to take it up and utilize it.

For Grauvogl's elaborate *raisonnements* my readers will please refer to his *Lehrbuch*. Whether this be the pit whence Schüssler dug his *Biochemical Therapeutics* does not concern me here; certainly Grauvogl's idea was in the field long before Schüssler's.

Some may, perhaps, carp at this use of the deductive method; let Grauvogl answer them:—

"Daher behaupte ich, dass aller Fortschritt, der von einem Homöopathen ausgegangen ist, zur Sache der Homöopathie so gut gehört und ihr Eigenthum so gut geworden ist, wie jede andere ihrer Lehren. Nur der Geist der Inhumanität könnte dagegen eifern!"

CHAPTER VI.

Enchondroma (*continued*).

Hay-baths.

IN discusssing sycosis, von Grauvogl reckons enchondroma as arising from it. (p. 214.) It is curious how untutored man finds out remedial measures for helping himself in disease. Grauvogl first became acquainted with *Hay-baths* by noticing, I presume in Bavaria, that the country people used them for old sores with decaying bone, and he calls attention to their utility in certain cases of caries and enchondroma of the bones.

Assuming the truth of what the country-folks told him, Grauvogl concluded that it must be the silicea in the hay that did the good. He therefore made a chemical examination of

hay to find out whether silicea could be indeed found dissolved in such hay-baths.

He took three quents of finely-chopped hay with twelve ounces of water, free of silicic acid, and boiled it down to one-half its first bulk; the filtered fluid therefrom obtained he made into an extract and—but I need not give the details: it is enough to say that the finally resulting ash contains silicea, *i. e.*, the ash not of the hay itself, but of the filtered hay-tea. Hay-baths therefore contain dissolved silicea. And so we see that the ignorant countryman who uses hay-baths for his bad places is really taking.... silicea.

V. Grauvogl's pale boy with the enchondroma was a labourer who worked for a potter and his business was to carry clay backwards and forwards and he would thus, of course,

be constantly handling silicea-containing earth of one sort and another.

In the meantime it will not be lost time if we bear in mind this fact. Also in connection with the, by Grauvogl, demonstrated presence of dissolved silicea in hay tea, and as we know there is silicea in the hay as one of its constituents we may profitably remember that, possibly, silicea may have acted pathogenetically both in the potter's boy and in the cases of splint.

Horse-kenners tell me that splint in the horse is from hard roads which cause a "striking up" to the cartilage-covered bone-ends, and they believe they prove this by saying that horses out at grass do not suffer from splint.

Personally I wonder whether the excess of silicea in the hay may not rather be the cause of the splint.

In any case we may accept the statement of v. Grauvogl that silicea is a nutrition-remedy of bone, and we *know* it can cure enchondroma, and inasmuch as this is a variety of tumour what I am here stating is apposite.

But mere appositeness is not enough; what I am trying to lead up to simply and intelligibly is just this—that deduction is helpful in homœopathy and therefore in tumour-curing.

V. Grauvogl seems to have had mixed motives in giving silicea for the cure of the enchondroma, viz.: 1.—Homœopathic tradition. 2.—The homœo-pharmic symptomatology of silicea. 3.—His pathological speculation that enchondroma, being an outgrowth from bone and being chemically bone minus silicea, should

be curable by supplying silicea in dynamic dose.

To go no further, I have myself demonstrated that *Nat. muriat.* in dynamic dose is powerfully antidotal of the effects of the same substance in repeated material quantities, and I think it conceivable that silicea may be a potent causator of cartilaginous and osseous tumour-formations.

We shall see. Let me close this sixth Chapter by giving a practical scrap: (see my "Fifty Reasons for Being a Homœopath," p. 140.)

Enchondroma Indicis Cured by Calcarea fluorica alone.

A maiden lady of sixty came to consult me on the thirteenth of October, 1883, telling me she had a

shiny swelling on her left index finger, which had been there for about eighteen months. The lump was hard and painful, and of about the size of a small split walnut, but rather flatter. Patient was very nervous and depressed.

℞. Trit. 3*x Calcarea fluorica.* Six grains four times a day, dry on the tongue.

October 27*th.*—Very great improvement.

℞. Rep.

November 3*rd.*—The cartilaginous nature is now clearly to be felt.

℞. Rep.

10*th.*—The swelling continues to get softer.

℞. Rep. (dry on the tongue.)

17*th.*—Still progressing; softer and smaller; on its middle finger side it has taken on inflammatory action, as if it were going to gather, being hot, red, and more swelled.

℞. Rep.

24*th.*—The tumour is softer and smaller, and patient is beginning to bend her finger, which had previously become quite impossible.

℞. Rep.

December 1*st.*—Still improving.

℞. Rep.

15*th.*—Finger is much more normal in colour, and still progressing. Patient went on with the same remedy until a short way into the new year. I saw her the last time on December 29*th*, when she was nearly well.

If I remember rightly Grauvogl, or was it Schüssler? was the first to use and to recommend the fluoride of lime for enchondroma.

The interest of this case lies not so much in the importance of the tumour (it was only the size of half a walnut, or thereabouts), but rather in the fact that only one remedy was used, and no other, and no change was made either

in diet or place of abode. The lady had a hard lump on her finger for 18 months; she took a course of *Calc. fl.*, to the choice of which homœopathy led me, and the lump went away.

If anyone should prefer to call this tumour an osteoma or an osteo-enchondroma, I am content, for I am quite of Rindfleisch's opinion when he says: "Ich möchte behaupten, dass genau dieselbe Geschwulst nur genau an demselben Punkte des Körpers wiedergefunden werden kann."

Dr. Schüssler denies that silicea is a bone-remedy while von Grauvogl heads the list with it, and in another place Dr. Schüssler himself recommends silicea in bone diseases; and without silicea there is no bone. Be that as it may, I think with Schüssler that Calcium fluoride is a bone remedy and can cure bony and enchondromatous formations. For exostosis, osteoma, he recommends

Calc. phos. most of which the homœopaths taught and practised long before he was born. The fact is, silicea, calcarea, and fluorine are homœopathic to different kinds of hard tumours, which the progress of science will certainly prove.

However, I would not appear to be ungrateful to friend Schüssler for I have learned much from his writings, beginning at the time when he was—what I think he still cannot help being—Schüsslerism notwithstanding—a homœopath! His work confirms my long since formed opinion that heresy and schism are the grandest means of human progress, and, when the prayer against these comes in, I commonly remain—silent!

CHAPTER VII.

Traumatism in the Causation and Cure of Tumours.

Specificity of Seat: Organopathy.

On the subject of traumatism in this regard, I must refer to my "Tumours of the Breast" (pp. 40–50). But I have now a case to relate of a large tumour, presumably of traumatic origin, in the cure of which two factors were helpful, viz.: traumatism and specificity of seat, or organopathy. Had I thought that my patient would recover I should have given one remedy at a time at any rate, but I did not think he would, but let me tell my story....

Abdominal Tumour cured by Two Remedies—Bellis Perennis and Ceanothus Americanus.

On November 17*th*, 1887, I was requested to see a gentleman resident in London who was said to have a very large tumour in the abdomen, and no efforts to cure it had been spared, but they were quite unavailing. As six medical men—including the consulting surgeon and the consulting physician at Guy's Hospital—had seen him and done their best to no purpose, I did not much care to go as a seventh medical man, merely to say ditto to the dictum of the other six. There seemed no chance of a cure, and an operation had been declared to be impossible, evidently because of the position and size of the tumour, and its probable adhesions to adjacent parts and organs.

The tumour presumably had its origin in a fall, then eight years ago, on the left side, which fractured the ribs; that is to say, the side had never been comfortable since and for many months this large mass had been growing larger and larger, at first incommoding locomotion and finally rendering it impossible. Patient was not only bedridden, but was not even able to turn over in bed, partly from weakness and partly because of the bulking mass. And patient being a long way past sixty years of age did not make the prospect any brighter.

However, two days later, I did go to see the patient, and found a slender-built man crouched up on his back and a little to the right. As he could not turn over himself his wife and I had to aid him for the purposes of a proper physical examination, which disclosed a huge mass in his left side almost from the nipple to the pelvic rim. There

were brown patches on the skin of the abdomen, and inside of the left Poupart's ligament were a number of lumps to be felt like little potatoes, presumably indurated and hypertrophied lymphatic glands. Add to this a quite cachectic look and rather severe adynamia, and the picture of hopeless malignant disease is complete.

I made close enquiry as to the opinions of my six doctorial predecessors in regard to the seat of origin of the tumour, and found that their two family advisers (the same firm) had always held it be connected with the left kidney. And when they failed to do it any good they called in a physician of repute who thought it could be cured, but when his efforts had also failed a good surgeon was called and he thought it quite incurable. Then came a consulting physician and surgeon respectively from Guy's, and the final outcome of all the deliberations was

that it was cancer, or at any rate a tumour connected with the spleen which was or had become malignant in its nature, and that the result must necessarily be fatal; a mere matter of time, in fact. The most careful examination did not enable me to say whether it was connected with spleen or kidney or with both: the tumour practically occupied the left half of the abdomen, and, not considering its history, was apparently connected with the spleen.

Was there *any* chance of cure? There had been quite enough diagnosing from the stand-point of mere diagnostics, but I found the medicinal treatment had been confined to general tonic and quasi-absorbent measures, probably quinine, iron, mercury, and certainly iodine.

I think any practical physician or surgeon will concede that a more hopeless case to *cure* by medicines is hardly to be found.

To begin with, How are we to choose medicines for such a case allopathically, homœopathically, or anyhow?

My own plan in difficult cases that seem so hopeless is to lay firmly hold of *some point* that may serve as a reasonable therapeutic starting point whence to carry out a cure.

As a start there is here the traumatic element in the case, that is positive, and my own favorite and well-tried anti-traumatic is Bellis perennis; then the proving of this drug, communicated by myself, shews a decided affinity for the left hypochondrium, and finally Bellis has already in my hands cured a few tumours.

This plan in the face of desperate odds, to lay hold of any help-promising remedy, is at least a stay for further reflection. Bellis perennis as an anti-traumatic and also Ceanothus Americanus as a splenic presented themselves to my mind, but which? Candidly confessed I thought the good man doomed, but determined to *try* and save him, and not knowing which of my two remedies was the more likely to do something *quickly*, (for the case was urgent—patient's friends had already taken a last look at him as they thought,) I gave the two in alternation, and much did I subsequently regret this double shot, for the use of two medicines at one time teaches next to nothing: However Bellis θ and Ceanothus 1^x were given in five drop doses every four hours in alternation; this was on Nov. 12*th*, 1887, I find, and not the 17*th*, which was the date of my second visit.

The result of this medication was that after a while patient could turn over in bed, then he could get in and out of bed by himself, and in 17 days from beginning the medicine, viz: on Nov. 29th, patient came to my West-end rooms in a cab with his wife.

The effects of the medicines were great diminution in the swelling (patient had lost much flesh and was still losing flesh) the passage of vast quantities of urine—"it literally pours from me." The skin of the palms of his hands is black but the lines strikingly white in contrast. And the tumour itself was not only much smaller, but more defined. But patient's weakness was terrible; evidently his coming to me was partly *bravour* and more an effort of will than real physical power, I therefore stopped the two remedies and gave Nux v. 1^{x} and Calc. hypophos. 3^{x} as an indicated all-round pick-me-up.

Dec. 6th.—He is much stronger; can walk up stairs, but his tumour is not quite so well. The skin of his hands, &c., is peelling off. Ur. sp. gr. 15, containing mucus and phosphates in great quantities.

Repeat first prescription.

16*th.* He is still getting thinner but he is stronger, tongue very much coated; has to strain much at stool; eats well; he has walked here from the end of the street. Has a cold on the chest and cough, and this shakes him and hurts his side very much

℞. *Bryonia alb.* 1*x* and *Phos.* 3*x* in alt.

27*th.* The cough is worse on going to bed and seems to be a spleen-cough.

℞. *Scilla marit.* θ Five drops in water three times a day.

He did not need any subsequent treatment and he came to say goodbye on Jan. 24th, 1888. He had lost the

tumour and the enlargement and induration of the lymphatic in the left side, and he was rapidly gaining flesh and strength.

All things considered, it was clearly a tumour of the spleen, and I am disposed to think the lymphatics were irritated to enlargement either by the iodic and other irritant topics that had been applied, or else by the pressure of the tumour.

Still, the entire case remains a little puzzling, and others being in possession of its main features can judge as well as myself. At least it teaches—*nil desperandum*!

The cure was complete and permanent, which I know, patient turns up in my rooms every few months for

his own and my satisfaction. Such a case is an oasis in the desert of a physician's hard life.

Should anyone say: But where is your homœopathy in this case? My reply is: Proved again up to the hilt! For, just as v. Gravogl's case of enchondroma was conceived by him on a pathological theory, and was yet cured homœopathically, so was this case of traumatic swelling of the abdomen cured purely homœopathically, although not on the totality of the symptoms subjective and objective. Now in regard to Bellis, if anyone doubt this, let him or her read the homœopathic provings of this same daisy, and it will be seen that it produces swelling precisely of this congestive exudative kind—pathologically very *like* it, in fact; and if any further doubt still obtains, let them make a tea of the daisy—roots, leaves, flowers

and all—and drink a wine-glassful three times a day, and then they will not merely believe, but KNOW. There is nothing like the direct experiment on one's own *corpus vile*; I have done it myself, and so need no professor of pharmacology to tell me.

But this chapter is getting unduly long, so I will go on to the next which shall be extracted from the work already referred to, viz., "Fifty Reasons."

CHAPTER VIII.

More than One Remedy often Needful.

AS we have already seen, it is not very often that we can cure a tumour with one medicine, and here anent I must explain, and for this purpose I cannot possibly do better than quote from "Fifty Reasons," p. 123:—

You take exception to the *number* of remedies used in my last case, and want to know "which cured the case?"

Will you get a long ladder and put it up against the side of your house, and mount it so as to get into your

house by the top window; and when you have safely performed the feat, write and tell me which rung of that ladder enabled you to do it.

I sympathise with your objection, because it was once my own great stumbling block in accepting the results of homœopathic treatment; it may perhaps be adequately explained somewhere in the vast literature of the homœopathic fraternity, but I have never come across such an explanation, and hence have had to work it out for myself. I will put it to you thus:—In difficult, chronic, complicated cases of disease you require not a remedy but a ladder (series) of remedies, not one of which can of itself effect the cure, but each of which works cure-*wards*, their cumulative action eventuating in a cure—THAT *is how I cure cataract*, and many other chronic diseases that are currently held to be incurable by most men of all shades of therapeutic

opinion. I regard this power of utilising a long series of remedies for the cure of difficult chronic cases as only second in importance to the law of cure itself. I originally learned the thing in conversation with Dr. Drysdale, of Liverpool, though not formulated by him, and I doubt if Dr. Drysdale ever did formulate it. In my own mind I call it the *ladder of remedies plan.* It is what I often heard Dr. Drysdale call "a course of medicines."

I often compare the course of a difficult case of disease to a game of chess in which you have king, queen, bishops, knights, rooks, and pawns, the various powers of which you must learn before you can play chess.

Tumour in the Throat.

A married lady of fifty-four came on the eighth of August, 1883, to consult me about a lump in her throat.

In the left side of the top of the neck here was a hard body about the size of a hen's egg, but flatter. The tumour had been there for a very long time, and with it she had had much throat irritation. It was situated to the left and behind the larynx, but whether actually connected with the œsophagus or larynx I could never quite satisfy myself. It moved up and down with the act of deglutition.

℞. Trit. 3*x* Sul. iod., ʒiv., gr. vj ter die.

August 22*nd*.—No change.

℞. Psor. 30.

October 5*th*.—The throat—*i. e.*, the fulness, uneasiness, pain and distress in the throat—is very much better, and the tumour has sensibly diminished in size.

℞. Thuja occid. 30.

Novem. 1*st*.—The tumour is about half gone.

℞. Psor. 30.

29*th.*—The tumour about two-thirds gone; general health good.

℞. Thuja 30.

Dec. 21*st.*—There is some tickling in the throat. The tumour is larger again, and the patient feels choky.

℞. Psor. 30.

January 14*th*, 1884.—The tumour has again sensibly diminished in size.

℞. Psor. C.

Feb. 8*th.*—Tumour still swollen.

℞. Merc. viv. 5.

March 3.—"I feel the lump very much less, about half its original size," said the lady. She has much rheumatism in ankles and knees.

℞. Silicea 6 trit., in frequently repeated doses.

31*st.*—Has been visiting a friend suffering from consumption, and since then has spit a little blood-streaked

phlegm; has a good deal of tickling in the throat.

℞. Psor. 30.

April 16*th.*—No coloured expectoration for a week, and then very trifling: the tickling in the throat is better, but the throat feels very rough. The tumour is rather smaller.

℞. Sul. iod. 3*x* six grains three times a day.

30*th.*—No coloured expectoration for the past week; the tickling in the throat is very much better, but talking brings it on. The tumour has lately not altered sensibly in size, but it is more self-contained and one can now demonstrate that it is not connected with the larynx, being the areolar tissue behind and to its left. Has a good deal of rheumatism.

℞. Tc. Cundurango 1, ʒ iv. Five drops in water three times a day.

May 21 *st.*—Thinks it is not so well; the tickling sensation in the throat is worse. Feels the spring. The throat is worse in the morning and when tired.

℞. Thuja 30.

June 16*th.*—Throat rather better; has only had the coloured expectoration once, but the voice is hoarse, and she feels her throat weak. Has rheumatism in ankles and knees worse after motion. The tumour is a trifle smaller.

℞. Urea 6.

July 11*th.*—More blood-coloured expectoration. Has had all the symptoms of a cold: aching all over with tingling and feeling giddy and ill; aphonia; much tenderness in the neck; rheumatism better; urine *thick* (unusual); violent tickling in the throat with scraping; and dryness; *the tumour is nearly gone.*

The throat symptoms are worse

night and morning, and when she is tired.

℞. Tc. Phytolacca decandra 1., ʒ iv., gtt. v., n. m.

August 6*th.*—Better in every way; the tumour is barely to be found.

℞. Rep.

Sept. 3*rd.*—Feels practically well. I can find the small remains of the tumour only with great difficulty.

℞. Rep. (at night only.)

Nov. 13*th.*—Still a little uneasiness in the throat.

℞. Trit. 3*x* Sul. iod.

28*th.*—Nearly well.

℞. Rep.

Dec. 31*st.*—The tumour can not be found, but she still complains of a husky voice.

℞. Trit. 4. Kali brom.

I did not see the patient again for some months, as the tumour had quite disappeared, and she herself felt quite well, but she came to me again on

April 10*th*, 1885, complaining of tickling and irritation at the old spot.

℞. Psor. C.

May 11*th*.—She feels easier in the throat, but the tumour is returning.

℞. Trit. 3*x* Sul. iod.

Nov. 25*th*.—The lump is still increasing.

℞. Psor. C.

This lady came again on February 15*th*, 1886, and for the last time on the 30*th* April, 1886, when I discharged her cured. I see her son occasionally on his own account, and thus know that she continues quite well, and has a very healthy general appearance.

February 23*rd*, 1892.—I happened to see this lady to-day and am glad to say she continues quite well.

It is no use to urge against the medicinal cure of tumours that so many remedies are often needful: if *one* remedy will not cure, we must use as many as will and no fewer; such is our art....difficult and too often complex....

CHAPTER IX.

Etiological Doctrine of Homœopathy. Sycosis.

I WILL take this case, also from the same source, and will then confine myself to hitherto unpublished cases.

Warty Tumour in Mouth.

An officer in the army brought his twelve year-old daughter to me on the thirteenth of November, 1886, telling me that she had something growing in her mouth. A similar growth had come a year ago, when his family surgeon excised it; in six months from the time of the operation it had grown again, making it difficult for the child to eat her food, as it caught the tongue

and teeth, and then bled. This time the doctor ligatured it off thoroughly, leaving a hole, and informed the father that this time he hoped its roots were got rid of. Now it has grown again at the side of the said hole.

On examining the mouth I find in its left side, just to the left of the frænulum linguæ, a warty fleshy excrescence, of the shape of a cock's comb, about a quarter of an inch broad at its base, and nearly a quarter of an inch high. Patient has normal teeth: the tongue is coated, and she is very pale. I ordered Thuja occidentalis 30 internally in infrequent dose, and a mouth wash of Thuja θ, two drops in a dessert spoonful of water night and morning; to keep it bathing the growth as long as possible, and then expectorate.

As this brought the growth down to the size of a pea, treatment was discon-

tinued, but she then bit it on three successive occasions, whereupon it again took to growing, and in January, 1887, when I saw it, it was about as big as a horse bean. This time I ordered Sabina, just as I had previously ordered Thuja. Under the Sabina patient took on a healthy look, but a small piece of the growth still persisted, when I ordered Cupressus Lawsoniana in like manner as the Thuja and Sabina had been used. That was in March, 1887, and I did not see her again. But I met her father in October on another matter, when I enquired about the case, and he replied, "Oh, she is quite well; the lump has been gone a long time, but the hole is still there."

So if you ever get a little cock's comb growth in your mouth, take my advice and have it treated homœopathically, for it is, as you see, much better

than either excision or ligature, and you will thereafter have no "hole" to mark the *locus in quo.*

Any one who is acquainted with the literature of sycosis will not expect me to enter upon so vast a subject here; those who are not are recommended to study it in the writings of Hahnemann, Bönninghausen, Wolf, H. Goullon, and Grauvogl. As, however, I am, so far as I am aware, the first and still the only practitioner to use *Cupressus Lawsoniana*, I may be permitted just to state that I base my use of it upon a fragmentary proving made by myself with the berries and leaves, and from which I conclude that it acts very like *Thuja;* I could not go on with my proving because of the terrible pains it caused in the stomach. I shall refer to it again.

Finally, it might be asked: Why did you not stick to the *Thuja* rather

than follow it up with *Sabina*, and then with *Cupressus?* Because I have found from practical experience that ringing the changes on *like-acting* remedies conduces *more quickly* to a cure than going on with the same.

CHAPTER X.

John Hunter's Conception of a Cure the only TRUE ONE.

IN *The Morton Lecture* on Cancer and Cancerous Diseases for 1889, Sir Spencer Wells, Bart., F.R.C.S., quotes thus from John Hunter (p. 30):—

Let me read to you what our great master, John Hunter, said just a hundred years ago (Palmer's edition of his works, vol. i., page 625) as to cures for cancer:—

"No cure has yet been found; for what I call a cure is an alteration of the disposition and the effect of that disposition, and not the destruction of the cancerous parts. But as we have no such medicine, we are often obliged to remove cancerous parts, which extirpation, however, will often cure as well as we could do by changing the disposition and action. Arsenic seems to have some power of this kind,

and its effects might be increased, by being used internally and externally; but its use is very dangerous, and I am afraid insufficient for the disease. This is a remedy which enters into the empirical nostrums which are in vogue for curing cancer; and among which Plunkett's holds the highest rank. But this is no new discovery, for Senertus, who lived the Lord knows how long ago, mentions a Roderiguez and Flusius, who obtained considerable fame and fortune by such a composition. I was desired to meet Mr. Plunkett, to decide on the propriety of using his medicine in a particular case. I have no objection to meet anybody. It was the young one: the old one is dead, and might have died himself of a cancer for aught I know. I asked him what he intended to do with his medicine. He said 'To cure the patient.' 'Let me know what you mean by that. Do you mean to alter the diseased state of the parts, or do you mean by your medicine to remove the parts diseased?' 'I mean to destroy them,' he replied. 'Well, then, that is nothing more than I or any other surgeon can do with less pain to the patient.' ''

Sir Spencer says further on:—

It is curious to compare this claim with

John Hunter's remarks on the use of arsenic to "destroy the cancerous disposition," with Mr. Hutchinson's recent observations on" Arsenic-Cancer," and with Dr. Creighton's views on arsenic among other alterative or "habit-breaking" drugs, metals, or metalloid substances having elective affinities for particular tissues, and his theory of cancer as an acquired habit of the tissues, "a habit that might be broken if we only knew how." The inhalation of oxygen and the use of oxygenated water as a beverage have been supported upon somewhat similar grounds, and did no harm beyond disappointing the patient. But as a fashion its day was short. The use of methodical compression, which often did good, has led to the more modern *massage*, which has already done much harm.

I thus quote, from Sir Spencer Wells, John Hunter's definition of a *cure* which I accept, and by it I am prepared to be judged. Sir Spencer also says (p. 28) :—

Can we encourage the forlorn hope of the patient that growth may still be stopped? that some benign alteration may take place in its structure—something "like the spontaneous

involution" of Virchow—some retrograde fatty change in the cells or elementary components of the tumour, while extension or growth of new cancer cells is stopped? If this could be attained before other parts of the body were infected it would amount to curing cancer. From time to time such cases of cure are reported, but few, if any, stand the test of accurate investigation. Virchow, however, cautions us against too great scepticism in such therapeutical investigations, and says that the hopeless condition of the patient justifies the trial of remedies of whose mode of action we have no clear idea.

But we must proceed from the simple to the complex, from the benign to the malignant.

Cyst of Right Upper Eyelid Cured by Platanus occidentalis.

A married lady just under 30 got a swelling in her right upper eyelid in the spring of 1887 and called in the

'homœopathic' adviser of the family, taking herself, in the meantime, *Pulsatilla* with transitory benefit. This gentleman informed the lady that medicines could *not* cure it, and he advised its removal by operation, which was declined. This family—like many others we wot of—are divided in their medical views and proclivities, some being allopathically and some homœopathically inclined. When their usual 'allopathic' adviser "happened to call to see papa" his advice was also sought as to the possibility of curing the tumour with medicines, and he said, "No! It is quite impossible to cure it with medicines; it is only a little cyst and must be cut out."

The lady had formerly been a patient of mine for enlargement of the left ovary which medicines had cured. Hence she returned to me to see if medicines would cure the little lump

on the eyelid—about the size of a pea—wherein she was not disappointed. *Platanus occidentalis* θ was the remedy that cured it.

(θ Gtt. v. nocte maneque.)

I did not mean to give empiric cases of this kind, and I mention this one merely as a further protest against the self-sufficiency of medical ignorance—our grand medical art not even able to cure a little cyst as big as a pea! But this case, though cured empirically, will serve to introduce another new remedy—*Platanus occidentalis* that thrives so beautifully in our London streets. I have found it a remedy of some value in psoriasis and in cystic formations arising from occlusions of the mouths of the outlets of ducts and glands. Whether it has ever before been used in medicine I do

not know: I was led to use it purely *ex-hypothesi* and may have more to say about it another time. Here it is mentioned parenthetically and by the way. Certainly it acts upon epithelial structures, and notably on the outlets of the little glands of the skin.

As only one remedy was used the case is proof-affording that at least a little cyst can be removed gently, medicinally *cured in fact*, in the sense of John Hunter.

How do I know that the cure is a Hunterian one?

Five years have elapsed since the little cystoma was cured and there has been no return, and patient continues otherwise in good health.

CHAPTER XI.

Ovarian Tumour.

Cured by Bovista and Aurum muriaticum natronatum.

A CLERGYMAN'S wife, thirty-one years of age, mother of seven children, came to me on May 13*th*, 1886, for treatment for a tumour within the abdomen. The lady's husband had accompanied their family doctor with her to an eminent gynæcological specialist, who had pronounced the tumour a cyst, and both family doctors and the gynæcologist had strongly urged an immediate operation.

Of the children born, the most of them were cross births and one was still-born. The baby was two years old. No genesiac fraud.

Patient suffers badly from leucorrhœa for years; she menstruates now every ten days or so; dysmenorrhœa; dreadful dysuria; frequent and most difficult micturition; palpitation of the heart on the least exertion; peculiar tingling sensation down the left side and hand; spleen very notably enlarged; patient often goes faint; fearfully constipated; twice vaccinated; she is always cold; feet and hands go dead white; all her pains are worse at night. On examination I find a tumour of the left ovary of the size of my fist.

Patient was treated with great care and perseverance till September 29*th*, 1887, when she was discharged cured.

She had a number of remedies, amongst which I will name Aconitum, Bryonia, Sulphur, Nux vomica, Bovista and several nosodes. But the remedies that were evidently, obviously, and promptly curative were Bovista 3*x* and Aurum mur. nat. 3*x*.

When I last saw the lady in September no trace of the tumour could be found.

April 25*th*, 1888.—On this day I again very carefully examined the lady but could find no trace of any tumour whatsoever.

I should add that as a necessary part of the treatment all marital rights and privileges were temporarily prohibited; this is important.

Beginning of 1889.—I again examined the lady but could find no tumour.

January 30*th*, 1890.—Saw the lady's husband and learned that she continues well.

February, 1892.—Patient brought her daughters to see me. She continues quite well.

April, 1898.—Still quite well.

CHAPTER XII.

Abdominal Tumour.

A MARRIED lady of 40, mother of five children, came to me on August 9*th*, 1886, for an abdominal tumour situated deep in behind the bowels on a level with the navel. She had been under many able men who had made various diagnostic guesses which, however, did not lessen the tumour, which was the size of a small baby's head: my own diagnosis was retroperitoneal fibroid, which I judged it to be from its position and hardness, and possibly connected with the pancreas or circumpancreatic areolar tissue.

The most distressing symptom of the case was the severe vomiting—at times so bad that she had to keep

her couch for weeks together. Patient had not had much to complain of in her 40 years' career beyond severe confinements and occipital neuralgia.

She had not suckled her children. Had been, she said, six times vaccinated, the last three times unsuccessfully. She suffered very much from whites and dysmenorrhœa.

℞. Thuja.

September *3rd.*—Menses much less painful; whites better; has only had one night of vomiting; she is very fond of salt and takes a great deal of it.

℞. Hecla Montis lava 3 trit. in eight-grain doses.

October *8th.*—Whites much better, as also the last menstruation; much neuralgia at the back of eyes, most towards evening. No vomiting, tumour decidedly smaller.

Psor. 30 in infrequent doses.

November *22nd.*—Whites continue better, also the menses; neuralgia nearly gone; much dyspepsia. Tumour about the same.

℞. Thuja occ. 30 in infrequent doses.

December *6th.*—Cannot go on with the powders on account of the dyspepsia; all food gives pain within five minutes, only comfortable when the stomach is quite empty; no neuralgia; whites not quite well; percussion shews the tumour to be very much smaller, but she has a good deal of backache.

℞. Tc. Cundurango 1. Five drops in water three times a day.

January *17th*, 1887.—Did her a vast amount of good, notably for her indigestion; whites still continue, backache better, and has felt wonderfully strong and well, though she vomited a good deal last Wednesday. Menses normal; tumour, perhaps, a trifle smaller.

Patient had some nosodes, Silicea 6, Thuja 30 and then again Cundurango 1, and was discharged quite cured on November 21*st*, 1887; no vestige of tumour left.

I saw patient's sister on April 17*th*, 1888, and learned that the cure was permanent. Nearly a year later I met the lady at an evening party and during the music in the drawing room she told me—what her looks certainly confirmed—that she continued quite well.

January, 1890.—Continues well.

CHAPTER XIII.

Tumour in Uterine Region.

AN unmarried woman, thirty-seven years of age, came to me on August *3rd*, 1885, complaining of a swelling in the lower part of her abdomen, and which had been there for some years. It appeared to me to be seated in the broad ligament of the left side near to the uterus. It was hard and about the size of a baby's head. She complained of dreadful pains in the uterus and its region. Seven months before she had a fall from a chair, from which time on the pain had been very severe. For the past two years sensation of *pins and needles* in the hands and arms *on awaking* in the night and *towards morning*.

Patient is a faithful old servant of the parents of the mistress of the woman whose case is narrated in "Tumours of the Breast," and she comes to me in consequence thereof. Her master had lately died, and she had lifted him a great deal during his last illness.

℞. Med. C. Six in twenty-four, one at bedtime.

Sept. 1*st*.—Feels much better; the sensation of formication much less; the tumour is clearly a mural fibroid. Less pain in the uterus.

℞. Med. CC. Ib.

Oct. 1*st*.—The formication has entirely gone and she declares herself wonderfully better.

℞. Tc. Bellis per. 1. Five drops in water night and morning.

Nov. 5*th*.—The tumour is a trifle smaller; gets a pain in it after she has been in bed a few minutes.

℞. Syph. CC. Six in twenty-four, one dry on the tongue at bedtime.

Dec. 3*rd*.—The pain is gone, but has the pins and needles on awaking again. The tumour is smaller.

℞. Med. CC.

January 12*th*, 1886.—Pins and needles gone; hands are still numb; no pain; the uterus feels now through the abdominal parietes like one about three months' gravid. There is not, and never has been, any leucorrhœa.

℞. Trit. 6, Lapis alb. (Grauvogl's) gr. vj. n. m.

February 16*th*.—Better all round; menses normal; tumour undoubtedly smaller.

Rep.

March 16*th.*—Getting on very well she says. The uterus can be ballooned about just under the umbilicus, and is still tumid.

April 15*th.*—Better; no numbness; no pain; very much smaller; now there is some leucorrhœa.

Rep.

May 20*th.*—Better; no leucorrhœa; no pain; no formication; she feels well, no tumour can be found, and the womb is no longer to be felt or found (as heretofore) through the abdominal parietes.

Rep., but only one six-grain powder at bedtime.

July 6*th.*—"I am getting on very well, thank God."—The tumour has left no trace of itself. Everything normal.

Rep.

Sep. 6*th*.—Well; and long thereafter her mistress informed me that patient continued quite well; and, oddly enough, also grateful.

I shall here interpolate the observation that the nosodes are remedies of which I shall hope to treat on a future occasion. I am here treating of the amenability of tumours to remedies, and in the great field of medicine it is much better to take one thing at a time. Any well read homœopathic practitioner will see probable indications for them in Lux, Gross, Hering, Swan, Berridge, Skinner, and others, notably in the pages of the "Homœopathic Physician" and of the "North American Journal of Homœopathy." Whether they are chosen on the isopathic principle of Lux, according to the law of similars, or otherwise, I will not here discuss.

CHAPTER XIV.

Tumour of Left Ovary.

A Complex Case.

A MARRIED lady placed herself under my care on May 26*th*, 1882, for a tumour of the parts for whose cure she had been advised an operation. She was in a state of great nerve exhaustion, very largely, I think, from observing the course of the case of a friend of hers, who had been operated on for a similar affection and who had undergone great suffering. Patient was at this date thirty-five years of age; had had two children; was much emaciated, and had a very dusky skin. Her sufferings were extreme, being much intensified by the assiduous marital claims made upon her.

Patient's face was much disfigured with very numerous pimples—large angry inflamed follicles, some as large as peas; she had thus suffered, she said, for six years.

A month before her last baby was born, twelve years before, she was occupied "pottering about" in her greenhouse, and had uterine hæmorrhage.

Uterus very much enlarged: so much so that it appears as a hard ridge above the pubes, and three or four times a week patient has much yellow mattery discharge from the vagina. Burning pain in the rectum and in the tumour, extending at times all over the left side of the abdomen; worse at night. The burning pain and bearing down on micturating, she describes as dreadful; and the womb is the seat of a burning so intense that she says is as if she were on fire. Menses regular but painful at first. She has been vaccinated

three times; has used very many vaginal injections. Cannot stand erect.

Liver is painful, and she suffers much from dyspepsia.

℞. Thuja occidentalis 30.

June 18*th.*—Less leucorrhœa; she can now stand up straight; the skin of the left side of the abdomen is much darker than that of the right.

℞. Viscum album 30.

July *3rd.*—Very great amelioration of the facial acne, but the pain in the ovarian tumour is dreadful, and hot aud burning; worse at night; she complains of constant thirst.

℞. Arsenicum album 30.

19*th.*—Is always thirsty; the pain in the tumour is very bad, "burning worse at night."

℞. Aurum metallicum 4 trit.

August 31*st.*—There was some improvement (in the pain) at first, but she

has gone back,except that the skin of the face continues better, the uterus is rather smaller, and the tumour is more defined.

℞. Mer. cor. C.

September 29*th.*—Pain in side decidedly better, but she caught a cold and had a bad cough, the severe dragging from which brought the pain back, though in a less degree. She can now stand up straight and walk about with comparative comfort. Face much improved. The cough is very distressing.

℞. Dulcamara 1*x.*

November 9*th.*—Still some cough that she thinks comes up from the stomach. The tumour is smaller. The cough shakes her a good deal.

℞. Lycopod. 4 trit.

24*th.*—The side-pain is worse, in fact, unbearable.

Que faire? Fall back on hypodermic injections, and so get at any rate some temporary relief from pain? No? I *know* that road leads to the bad. *Magis venenum magis remedium* must be true, or there is no science in therapeutics worth the having, and again *aux grands maux les grands remèdes.* Finally the dusky coloration, the nocturnal exacerbation, the temporary yielding to *Merc.*

℞. Syph. CC.

December 20*th.*—The face is vastly improved; pain in the side better; is getting much fatter, particularly in arms and breasts, and she now weighs 8*st.* 11*lbs.* Less discharge.

℞. Trit. 6 Kali chlor.

January 24*th*, 1883.—Pain in the side worse; worse by night; tumour smaller, less discharge, which is now pale yellow.

Repeat last prescription but one.

March 1*st*.—After taking the last mentioned remedy the pain was better, and then I gave *Kali chlor.* again, as the tumour had previously diminished under its use. The burning pain has again returned; she feels sick and is thirsty.

℞. Syph. CC.

May 9*th*.—The discharge is *much* diminished; the tumour, though smaller than formerly, is still very evident and very painful, particularly at night.

℞. Bovista 3*x* trit.

June.—No change.

℞. Trit. 4 Lapis alb.

July 23*rd*.—The pain in the tumour is dreadful.

℞. Syph. CC.

August 24*th*.—There is still a good deal of pain, worse at night, but the discharge is less.

℞. Tinct. Ceanothus Americanus. Five drops in water three times a day.

October 20*th.*—Better altogether; less discharge; not nearly so distended.

℞. Merc. met. 4.

And one of my reasons for giving this was because I had observed in several cases, that patients taking it in moderate triturations (2—6) have put on a good deal of flesh.

November 21*st.*—Patient has fattened considerably on this prescription, and now weighs nine stone one pound. To continue the same remedy, but in fifth trituration.

January 16th, 1884.

℞. Tarentula Cubensis 30.

February 4*th.*—Seems to have set up violent inflammatory symptoms in the tumour.

℞. Liquor. Sodæ chlor. Two drops in water twice a day.

February 25*th.*—The pain at night is dreadful; the discharge is much worse, but the tumour is *much* smaller.

℞. Variolinum 30.

March 28*th.*—The leucorrhœa is very bad and contains some blood; face is much better.

℞. Liquor. Sod. chlor. in 2-drop doses.

May 12*th.*—Face quite clear; she is very much better, and the tumour has gone down a good deal.

℞. Merc. met. 6 trit.

June 11*th.*—The skin of face is now normal; but there is still a good deal of burning in the swelling, which, however, is again much smaller.

℞. Thuja 30.

August 11*th.*—Considering herself quite well, she stayed away last month, and comes now because there are a few more pimples and some pain.

℞. Liquor. Sod. chlor.

January 11*th*, 1885.—Being so much better, has become irregular in attendance, but since last August she has had *Variolinum* from me with much advantage. The tumour has quite disappeared, and she now comes for a cough.

℞. Tc. Causticum 6.

February 9*th*.—Cough gone; now the side pains again, and feels raw; on very close examination, one still finds a rest of the old tumour at its lowest part near the groin.

℞. Syph. CC.

March 6*th*.—Wheezy; cough worse in the evening.

℞. Psor. C.

June 12*th*.—The cough went away, and patient has also stayed away till now. The left ovary still troubles her, and the pain is very bad again, and is

now *worse after sleep.* When she urinates she passes stringy whites.

℞. Med. 30.

July 17*th.*—Has hay-fever (never had it before, she avers); much sneezing; gets an hour of sneezing on rising, and washing brings it on. She is very much better in the hypogastric region, the after-sleep pain particularly.

℞. Rep. (C.)

October 19*th.*—The symptoms of hay-fever still persist.

℞. Psor. C.

November 14*th.*—Comes for a loud, noisy cough, beginning at 4 A. M., with severe sneezing fit.

℞. Osmium 6.

February 12*th*, 1886.—Cough soon went away after beginning with the Osmium.

Patient has called upon me a few

times since this day, for colds and pains in the side, but these yielded to treatment of precisely the same nature as already described, and she has had no return of the tumour, and the womb has long since returned to its normal size.

Middle of 1890.—Saw patient, and learned that she continued well.

August, 1892.—Patient continues well and I can find no trace of tumour. She came at this date to me for "flushes" and at my request allowed me to examine for the long-treated and finally-cured tumour.

Thus it will be seen that my observation of this case extends over ten years and three months.

Of course a case of tumour that takes four years to cure, and needs a number of remedies to effect that cure,

is, particularly to the uninitiated, of no great interest unless the subject is thought out somewhat, but if this be done, it becomes more and more interesting to the student, and the more interesting the more he knows of drugs, drug-action, the phases and causations of disease and of doctrinal pharmacology. A difficult game of chess can only be understood by one who knows chess well, and only a man well grounded in the science can appreciate a finely played game; to the man who cannot play chess, the grandest game ever played means....nothing.

To the majority of medical men the just narrated case will mean no more than just this: "Oh, he had a case of tumour; the patient stuck to him; he gave her a lot of different medicines, and after a long time the tumour had disappeared." For all that, the truly competent will see that the game was

not only won but at the same time was well-played—and the cure is a Hunterian one, for patient remains well.

I dwell thus on these points not vainGloriously, but to make it quite clear to those who will sit in judgment on my tumour-curing with medicines, that unless they understand the subject, their opinion of my work is worthless, though they may be doctors of medicines, masters in surgery, licentiates in midwifery and editors of journals: if they cannot play the game they are no judges; if they can they will be delighted in studying the points of a good game well won.

The analogy between the cure of a complex case like this, by divers and diverse remedies, and the playing a difficult complicated game of chess is not so very far-fetched, and enables the mind to grasp the mode of procedure.

I always feel that unless we can use a series of remedies in very difficult complex cases, such cases will remain forever uncured or, as people usually say, incurable. And the complaint raised against "using so many medicines in a case" is really on a par with a complaint against a difficult game of skill such as chess that it "takes so many moves to win."

No doubt some of my cases might have been got well much more quickly, but it must be remembered that I was then treading an almost unknown way; the same case now would, I imagine, not take me half the time; but in this I may be wrong.

CHAPTER XV.

Uterine Fibroid; Chronic Oöphoritis.

AN unmarried lady, forty-five years of age, came under my observation on February 11*th*, 1882, suffering, as a gynæcologist and several other doctors had told her, from a fibrous tumour of the womb. Her general appearance was that of a lady at about the sixth month of pregnancy. She had been dissuaded from an operation by two medical men of good repute. Father and brother had died of consumption. Her irides are blue with dark rings round their circumferences. There is a tumour in the right wall of the womb, the size of which I cannot readily determine, but it must be as big as my

fist. The left ovary very painful and enlarged a good deal; is tender at menstrual period and most painful then. No leucorrhœa. Patient has a gouty tongue. Has been three times vaccinated and had small-pox twice. Two years ago had eczema which she cured (?) with Turkish baths.

℞. Tc. Thuja occid. 30.

March *7th.*—Slight discharge from vagina—which is most unusual. Slight shew of eczema on her hands.

℞. Psor. 30.

April *1st.*—Last menses excessive; painful motions.

℞. Merc. viv. C.

25th.—Her knees are very bad—painful and swelled—worse at rest, better moving about. Has small purulent spots about the pubes.

℞. Tc. Rhus tox. 3.

May 1*st.*—Knees are much better—much pain in the back.

℞. Viscum album 30.

June 10*th.*—Not so well—menorrhagia and leucorrhœa; hæmorrhoids and constipation.

℞. Nux v. 30 and Sul. 30.

July 11*th.*—The tumour (from external palpation) seems rather smaller; patient can walk with more ease.

℞. Sedum acre 30.

22*nd*—Has a cold and gets Bry. 1^{x} and Phos. 6.

August 8*th.*—The vagina has become very irritable, requiring frequent ablutions and lubrications. The left ovary is not so tender as formerly.

℞. Sempervivum tectorum 30.

Septem. 5*th.*—Is better decidedly; much sore throat; has always been subject to quinsies and sore throats. Very constipated.

℞. Merc. viv. C.

Sept. 30*th.*—Has had globus hystericus; a good deal of pain in the rectum.

℞. Persicaria urens 30.

Nov. 2*nd.*—Has "worked wonders" *i. e.* the bowels act better; the tumour is smaller; has some irritation of the skin, and she looks much healthier.

℞. Rep.

Decem. 14*th.*—Bowels act freely; much pain in vagina, worse at night.

℞. Syph. CC.

January 9*th*, 1883.—It seems that *night* really means early morning.

℞. Merc. viv.

February 1*st.*—Thinks she is worse; the pains cause her to swell out.

℞. Bovista 4*x.*

13*th.*—Feels better; it has done her good.

℞. Rep.

March 6*th.*—Bovista 6.

March 22*nd.*—Psor. 30.

April 5*th.*—Has done her a great deal of good—the swelling is decreasing.

℞. Thuja 30.

19*th.*—Better.

℞. Trit. 4. Lapis alb.

May 15*th.*—Better.

℞. Silicea (6 trituration).

June 7*th.*—Trit. 4 Plat.

14*th.*—Stannum (cough).

19*th.*—Comes and begs to have the prescription of May 15*th*: it did her so much good.

℞. Silicea 6.

July 10*th.*—Much better.

℞. Rep.

August 7*th.*—℞. Syph. CC.

21*st.*—Much cutaneous irritation.

℞. Tc. Lappa major.

Then follow Hepar, Silicea, Ceanothus, Ferrum, Helonias, Tarentula Cub., Sul. and Thuja, &c.; when on May 1*st*, 1884, I prescribed Chelid. maj. θ; and on the 20*th* of the same month the tumour had so diminished in size that I could find it only with great difficulty. But it required more than another year's treatment before the tumour was quite gone, and during this time the changes were rung on the already mentioned remedies and some others, of which two seemed particularly of advantage, viz.: Urea (6-12) and Hecla, both of which have more than once done me good service in stubborn cases of tumours, the former particularly in gouty persons.

The cure holds good, for I saw the lady quite lately and enquired.

This case was rather instructive to me, more particularly from a patho-ætiological stand-point, inasmuch as

eczema had preceded the tumour-formation, and when the eczema had been got rid of by external means the uterine fibroid began to grow; moreover, after the tumour had quite gone, eczema broke out again.

Quite a number of cases of tumour have their starting point in silenced cutaneous discharges; this is no vague theoretical statement, but a fact in nature which I have oft verified and which is clinically verifiable any day. Many cases of chronic skin-diseases are no more and no less than chronic diffuse cancerosis.

This is one reason why cancer is more common now than formerly, while skin diseases are less common. The ordinary dermatologist works, unwittingly, great evil; and when driving

along the Thames Embankment one day, and gazing at Cleopatra's Needle, I said to myself—How much mischief did good old Sir Erasmus Wilson work in getting together the money that went to fetch and erect that?

A persisting skin-disease in a really healthy taintless person is a sight I have myself never seen, just as I am not acquainted with any other causeless effect.

CHAPTER IV.

Ovarian Tumour.

ON November 14*th*, 1884, a childless married lady of thirty years of age came to me for a swelling in the left side of the abdomen that had been slowly growing about a year. Patient suffered most severely at the menstrual period, and, for many years, from most severe and distressing leucorrhœa. She also suffers somewhat from hæmorrhoids.

In the recumbent position, with relaxed muscles, one feels in the left iliac region a hard tender circumscribed mass of the size of an orange. It came gradually, subsequently to a fall she had about a year before.

There are furfuraceous patches on the pubes and skin of the neck.

℞. Tc. Bellis p. 3*x*. Five drops in water three times a day.

Dec. 4*th*.—Did much good, at first particularly; decidedly better; the piles bleed; profuse menorrhagia; leucorrhœa sanguineous and severe. Tumour not perceptibly smaller.

℞. Tc. Thuja 30.

Jan. 6*th*, 1885.—Very much better in her general feelings; only very little pain in left ovarian region; whites better; last period less excessive; the tumour is about the same size but very much less tender.

℞. Rep.

Feb. 5*th*.—Leucorrhœa worse; tumour much smaller; last period much less painful. Complains of a good deal of pain in the left eye and left temple.

℞. Tc. Bellis p. 1. ʒiv. Five drops in water three times a day.

March 3*rd.*—Leucorrhœa better; tumour about half its original size; but still tender, and when she hurries it drops. Last period less painful.

℞. Psor. C.

24*th.*—Some of her relatives have been paralysed; she gets nightmare; hands go dead; leucorrhœa worse; much dragging down.

℞. Syph. CC.

May 22*nd.*—Says she feels well, so much good has she felt from the powders; tumour nearly gone, whites also. Is costive.

℞. Med. 30.

June 9*th.*—Tumour rather larger; whites nearly well.

℞. Syph. CC.

20*th.*—Tumour much better; whites also.

℞. Trit. 6 Silicea.

July 4*th.*—Leucorrhœa again bad; piles bleeding.

16*th.*- The leucorrhœa is less bad; the left ovarian region is again very tender; pains in the eyes in the morning on awaking.

℞. Med. C.

August 22*nd.*—Pains in the eyes gone; left side much less tender.

℞. Med. CC.

Sept. 3*rd.*—No trace of the tumour can be found either by palpation or percussion. All she now complains about is that she so easily catches cold. She now dances and runs and bends herself at will without feeling the side at all.

℞. Psor. C.

Oct. 27*th.*—Well. Discharged.

On two subsequent occasions patient came with a little tenderness at the old

spot, but the tumour did not return, and the tenderness quickly yielded to the same remedies as before.

Long subsequently this lady accompanied her aunt to see me, when I was unable to find any tumour, and patient stated that she was in excellent health, which her looks fully corroborated. She is now gone with her husband on a tour round the world.

The mere notes of the cases in the last few chapters are so voluminous that I feared to render them absolutely unreadable, and hence I skipped all pharmacological *raisonnements*, so I will refer my reader to the Remarks on Therapeutic Principles at the beginning of this work.

December, 1888.—Patient is well and hearty. No trace of tumour.

February, 1892.—I hear from a relative that patient is *enceinte*, and hence I think this long-after-history,

ending in a satisfactory enceinture, shews the cure to have been a truly Hunterian one. As to the remedies used, I must say that the bulk of the prescriptions were untried, a few here and there purely empirical, some on purely homœopathic symptomatology, some on tradition, and the nosodes on the same line of thought as will be found set forth, to some extent, in my "Five Years' Experience in the New Cure of Consumption by its Own Virus," and later on in these pages if time and space permit. If not, the therapeutic principles I believe in I have already sufficiently explained.

By the way, the great objectors to the use of Bacillinum and the like for the most part declare that the higher dilutions contain *none of the drug;* but as I use these zoic medicines *only* in high dilutions they are objecting to ....nothing, and this on their own

shewing! Either the higher dilutions contain of the essence of the drug, or they do not; if they do not the names they go by must be a matter of total indifference. If higher dilutions contain none of the original drug it must follow that Pulsatilla CC., Bacillinum CC., and Syphilinum CC., and Broomhandle CC. are one and the same thing, viz.: a wee quantity of sugar of milk.

In what university did these sapient objectors learn their logic?

CHAPTER XVII.

Tumour cured purely Symptomatically.

I PROPOSE, in this chapter, to show that a tumour may be cured purely on symptoms; indeed this has been done time and again, and I will take a case not of my own (mine are too complex) but of Gilchrist; I take it bodily from his "Tumours: Their Etiology and Curability."

CASE OF OVARIAN TUMOUR CURED WITH COLOCYNTH; BY DR. GILCHRIST,

Lecturer on Surgery in the Homœopathic Medical College of the University of Michigan.

A young woman twenty-five years of age had been suffering for five years as follows:—Extreme weakness and lassitude; cannot walk much on account of the weakness and trembling of the legs, especially in the open air, when, however, the other symptoms are better; worse,

in every respect, from heat and in warm weather; walks bent over, with the hand applied to the right side; sallow complexion, and an expression of suffering in the face; occasionally has a sharp pain, like a stab, in the right pelvic region, obliging her to bend double, causing her to scream and toss about in agony; difficulty in breathing during the catamenia; is confined to the bed during the whole period; always several days recovering from these attacks. During the menstrual interval has yellow thick, offensive leucorrhœa; bowels originally slightly constipated; now, after some years' use of cathartics, immovably so; a well-defined tumour in the right iliac fossa, about the size of a cocoanut, elastic feel, but hard and immovable, and the seat of an occasional severe cutting pain. During the attacks of colic, I should have said, there was bilious vomiting; uterus prolapsed, inclined to the left side, and, owing to the pressure of the tumour directly upon it, could not be moved by any safe or usual exertion of force; has been under allopathic treatment for four years; has been twice tapped, with temporary subsidence of the tumour; has had no treatment for over a year. During an interval of five months, gave her *Coloc.* in varying potencies—never lower than the 200*th*—

resulting in a complete cure. One year afterwards she remained well.

Dr. Dunham likewise cured, by the use of *Coloc.*, a similar case.

Personally, I have an idea that colocynth is an ovary-medicine in the Rademacherian sense. But both Gilchrist and Dunham cured their cases simply by considering the totality of the symptoms, and as these distinguished men cannot do the impossible, it must follow that tumours can be cured symptomatically. Dunham, the gentle scholar, the humble-minded Christian physician, is now in heaven, smiling down encouragement upon us who labour on; may his earth-ward smiles strengthen us in our heavenward strivings.

There are a good many simple cases of cure of tumours by medicines strewn about in the very large homœopathic literature of America: however, they

for the most part are very isolated and solitary; taken singly they are curious, interesting, and not infrequently somewhat of the nature of flukes; collectively they are instructive. None of these cures seem to have caused the curing physician to go on steadily and perseveringly at medicinal tumour-curing: in almost every case—perhaps in every one—nothing more came of it: in the end the surgeon alone remained in the field.

Well, it's very difficult; and symptoms alone do not commonly suffice, and I fancy this is the rock on which they stranded, and still do strand.

I wish to say nothing that is unkind to the absolutely-nothing-but-symptoms men, but their self-sufficiency, when they fondle the symptoms as the in-all and be-all of medicine, is only paralleled by their vulgar imputations of base motives to those who decline to admit

that symptoms are other than a means to the end. A grand means, but still only a means: never the goal.

When I brought out my "New Cure of Consumption" I did it because Koch forced my hand, which I had held back for years; my wife often urging me to publish my experience with Bacillinum two or three years before Koch's Cure was heard of, but I hesitated, because I felt the world was not ripe for it, and a man with a very large family has no right to court ruin—so I held back. When I did come forward, because of the Koch fever, to vindicate the rights of the homœopathic school to priority (myself included), I was accused by certain journalistic symptom-hunters of yapping for Kochian loaves and fishes!!!

When I shewed the review to my wife she exclaimed, "What a cruel shame!" But this is only by the way, and only brought in as a parenthesis.

Que voulez-vous? think of the Inquisition in the name of the gentle Jesus of Nazareth.

Our sufferings are but microscopic specks by the side of mountains. And Paracelsus they actually battered to pieces with cudgels, and then made fun of him because, having written on longævity, he died (!) early!

At the same time it is very important to not under-value symptoms as we cannot get on without them; and the more's the pity. I say this advisedly, because symptomatic equations are very time-devouring, and working at them too much is apt to become stultifying, and, I have at times thought, narrows the medical mind—turning it slowly into something very like a machine. When homœopathy casts off its swaddling clothes, the subjective symptoms will be to Higher Homœopathy what spelling is to reading.

CHAPTER XVIII.

Case of Very Large Fibroid Tumour of the Womb.

THIS case is interesting.

An unmarried lady, fifty-one years of age, was sent to me on April 10*th*, 1883, by the Countess of X. For the past eight years patient had been suffering from a uterine tumour with occasional bleeding, and which had been diagnosed by eminent gynæcologists as uterine fibroid. In external appearance patient appeared to be in the family way at about the eighth month or the beginning of the ninth, when the onus lies well in the meso-gastrium.

The tumour was as hard as a board. Patient also had a fatty tumour under

her left clavicle, size of an orange. She was very anæmic and washed-out looking, and had latterly been taking the quack remedies of Count Mattei, with no advantage. Patient's mother died of consumption.

The most prominent subjective symptom was her "blown-out" feeling. Objectively she was anæmic and her gait waddling.

I seized hold of the only available point—the '*blownoutness*,' and prescribed Bovista 3^{x} six grains dry on the tongue night and morning.

May *3rd*, 1883.—She has apparently menstruated, and does not feel anything like so much blown-out in the abdomen. Her feet, which had been much swelled for some time past, were considerably easier; she felt better.

Repeated the Bovista.

June 16*th.*—On the whole not any further diminution, and there is some hæmorrhage.

℞. Trit. 4, Lapis alb.

September 6*th.*—Better; smaller in the body; can now eat vegetables; no vaginal discharge.

Repeated the Lapis alb.

October 18*th.*—Well in herself but size of the tumour is not less. Complains of flushes and fulness in the head.

℞. Psoricum 30.

November 17*th.*—Worse; larger; very uncomfortable in the body; her eyes are swollen; urine scanty, the feet are swelling.

℞. Tc. Platina mur. 3. Five drops in water night and morning.

January 1*st*, 1884.—Has lost the palpitation; the fibroid is smaller in

size; but the lipoma is larger and she has no appetite.

℞. Psoricum 100.

February *2nd.*—Pains in the chest gone; fearful metrorrhagia.

℞. Variolinum 30.

March *1st.*—Looks cachetic; the lipoma is much larger.

℞. Calcium fluoricum 6, and also the third decimal of the Pyrophosphate of Iron.

15th.—No better; feet swell; has much rheumatism. Is always worse in the spring. The unfortunate lady's size is truly frightful.

℞. Tc. Aur. mur. nat. 3*x*, three drops in water three times a day.

April *8th.*—There is much discharge *per vaginam*, but it is more watery and she can walk better, and the feet are less swelled. Heart beats uncomfortably, and there is a well-pronounced

murmur best heard at the base, and no doubt of hæmic nature. She has a cough, and there is much distressing aching in the lower part of the abdomen.

℞. Repeated the Aurum.

29*th.*—Gouty inflammation of the right foot and ankle; the vaginal discharge has ceased; is smaller certainly.

℞. Repeat.

May 27*th.*—Foot and ankle well except that the anklebones still ache; the tumour is much smaller, so that patient is relatively comfortable. The old brown discoloration of the skin of the forehead is nearly gone; she is rather restless at night; the fatty tumour remains about the same.

℞. Repeat.

June 29*th.*—Slight vaginal discharge as if a monthly period, but it continued

for three weeks; the size of tumour about the same; the lipoma a trifle larger.

℞. Psoricum 30.

July 12*th*.—No bleeding; less uncomfortable; soles of feet tender and painful.

℞. Tc. Urea 6. ʒiv. Five drops in water night and morning.

January 5*th*, 1885.—Tumour a good deal smaller and patient's health is greatly improved.

℞. Psor. 100.

April 21*st*.—Did her much good; no bleeding for long; the tumour is diminishing.

℞. Urea 6. as before.

June 18*th*.—No bleeding at all; is much smaller; she is quite losing her cachetic look; the lipoma is no smaller; has had another attack of gouty inflammation in the feet.

℞. Trit. 5. Lapis alb.

July 16*th*.—Has grown much larger and is not so well in herself; some leucorrhœa; cannot rest at night; goes to sleep for two or three hours and wakes up, remains awake and restless and cannot get off again.

℞. Urea 6.

September 1*st*.—Still large.

℞. Psor. 100.

18*th*.—Much inflammation in eyelids Tumour distinctly larger.

℞. Medorrh. 100.

March 25*th*, 1886.—Did her so much good that she has had no medicine since, and she now comes to ask if she need take any more. The tumour has gone down so much that patient has become shapely like any other lady; still gets occasional periods, and as nearly as I can judge the tumour is about two-thirds gone, but the fatty tumour remains pretty much as it was.

℞. Medorrh. 30.

April *22nd.*—Tumour again much diminished in size; no bleeding or other discharge; there is still some rheumatism and left-sided conjunctivitis.

℞. Urea 12.

June *17th.*—Eye well; rheumatism well; no discharge, not much of the tumour left.

℞. Trit. 3*x* Hecla lava.

This ends the treatment, which, it will be observed, began in April, 1883, and terminated in June, 1886, in complete cure of the tumour and restoration of patient to good health.

It will be observed that there are considerable gaps in the clinical narration, and these were due to the fact that the patient is addicted to travelling about a good deal, and so would often absent herself for months.

Five Years Afterwards.

July, 1891.—I am pleased to be able to add that though I have not seen this lady since June, 1886, she sent me word in July, 1891, that she had had no return of her tumour of the womb, and continued in capital health; the occasion of this message was her sending a friend of hers to me to be also treated for a tumour; but for this happy circumstance I should have continued in complete ignorance of the sequel to the termination of the cure.

Of the lady's ungraciousness in not even informing me before I will say nothing, suffice for me that the huge fibroid tumour was radically and permanently cured by medicines, and that fully five years of subsequent good health testify thereto.

Hence I think we may fairly reckon this a truly Hunterian cure.

CHAPTER XIX.

Tumour of the Right Breast.

AN unmarried lady of thirty-nine came under my observation, brought by her mother, on May *2nd*, 1889. Spinal deformity all her life, and wearing instruments since she was twelve; the lateral curvature being very considerable. Her father died of phthisis; of her *Geschwister* two brothers and two sisters died of phthisis, and one brother died of typhoid.

I have often noticed a proneness to typhoid in those disposed to phthisis. Rheumatism, neuralgia, measles and whooping cough, comprise the list of her own previous ailments. Her tongue is pippy in its anterior half; in the outer upper aspect of her right

breast, between it and the axilla, there is a tumour of about the size of my (pretty big) fist. Patient complains of being subject to frightful headaches of the right side coming on at midnight and going off at daybreak, very severe dysmenorrhœa all her menstrual life *till the last six months*, when it has been a good deal less severe. She thinks herself that the tumour started from the pressure of the fingers of the person who fits on her mechanical arrangements to support her spine. A very eminent London surgeon who has advised her these fifteen years is of opinion that the tumour is fibrous, and he accordingly advises excision; the local Kensington surgeon agreed, but wished for the further opinion of Dr.—— who said the tumour was not fibrous, but strumous, and required to be lanced. The opinions being thus divergent, the advice of another eminent surgeon was taken, and he thought it was spinal,

but declined to give a very positive opinion. At this point her mother brings her to me. Patient, I should say, was a huge salt eater. Many blotches in her skin. To my mind the constitutional crasis of the lady was tuberculous, and hence I ordered *Bacillinum C.* in rather infrequent repetition.

May 28*th.*—Pus has evidently formed in the outermost part of the previously hard tumour, whereover the skin is red; the lingual papillæ (pips) are much less red; headaches are worse (at night—towards morning); there are fewer cutaneous blotches. She tells me she is liable to severe pain in ball of the left foot, worse on approach of damp weather; last period more than usually painful. She retches a good deal. The local surgeon is very angry at patient being under the care of a homœopath, and begs to be allowed to watch the case as a friend,

to which request patient accedes. The good man's conceit does not desert him, and he sends me word that "he awaits the result with calmness," whatever that might mean.

℞. Tc. Silicea 6. Five drops in water three times a day.

June 27*th.*— Patient feels much better; headaches better; no pips; no retching; tumour smaller, not so active, and no longer looks so red, but the tissue in its inside has evidently softened, and the contents will clearly have to be voided.

I repeat the first prescription.

July 13*th.*—The tumour has burst and has discharged enormously. The bad nights, want of rest, and the nocturnal headaches led me to give Syph. CC. I should have said that patient's friends declare she looks ten years younger, indeed she has a freshness of

teint and a healthfulness of face that no one remembers to have ever observed in her before. The local surgeon has given up "calling as a friend."

July *27th.*—The tumour is practically gone and patient is well of herself, but I again ordered Silicea to rid her of the hardened tissue around where the abscess broke.

Patient made a complete recovery, the tumour totally disappeared, and for the first time in her life she *feels* in captial health. This cure made a a very deep impression in patient's social circle.

Of what nature was the swelling?

Clearly strumous, and not an organized neoplasm.

CHAPTER XX.

The Physician must be a General.

The Curing Art Warfare.

I THINK I must somewhere have read that the great Napoleon's definition of war—La Guerre—runs thus . . . C'est l'art d'être le plus fort sur un point donné; and such is the art of curing disease.

Thickening of Cardia.

Lady ——, mother of nine children, came under my observation on March 26*th*, 1886, for a tumour at the top of the stomach and much vomiting. She was at the time fifty-three years of age, and in a very sad state indeed—hopeless, so every one thought.

That would also have been my view, had my weapons of cure been of the traditional sort. And here I will pause a moment to say that I do not advocate the use of zoic remedies in simple ailments, just as a general would not fire a big cannon to knock over half a dozen brick-bats. As I often say . . . *aux grands maux les grands remèdes.* Such pop-guns as Nux vomica or Pulsatilla or Subnitrate of Bismuth will not cure tumours of the stomach, and hence if they are to be cured we must bring out bigger guns, and the zoic remedies are the very biggest guns of all beyond compare.

Some ailings are like sparrows: very small arms will suffice to kill them—say hydropathy, or homœopathic simples, but tumours generally resist small arms.

As Lady ——'s mother died of an internal tumour, naturally her ladyship

regarded her own state with all the greater apprehension.

There was pain at the pit of the stomach, constant, gnawing; painful on pressure. Very weak; great thirst; no saliva; she passes a great quantity of pale urine, and must rise four or five times every night to micturate; much heat and irritation in urinary passage.

Head aches at top and back. Violent vomiting. At midnight is always roused by feverishness for the past four years. In the epigastrium is a hard tender mass, corresponding in position to the cardia. She is very chilly. Twice vaccinated. Recounting her health history, she tells me she has had dysentery, ague, piles, anæmia, smallpox, puerperal fever, boils, styes, whites, and was once salivated.

℞. Medorrh. 30. One dose every seven days.

April 14*th*.—The pain at the pit of the stomach is gone; thirst now mostly an hour-and-half after breakfast; more saliva; passes less water; no head-aches; no vomiting; still has the "ghost fever;" less chilly; less tenderness at epigastrium, and the mass is seemingly a little smaller.

She begs for an aperient, as there is total inertia of bowels.

℞. Plumbum 12, and Opium 12, in alternation.

May 7*th*.—Is suddenly plunged into acute grief by the death of her husband of angina pectoris.

℞. Tc. Ignatia am. 3*x*, five drops in water three times a day.

And thereafter we had recourse to the previously mentioned prescriptions, and then followed some of the remedies I have ventured to term pop-guns (quoad the tumours), and patient was

discharged cured—or rather she discharged herself. The case passed out of my mind for several years.

Five Years Later.

At the end of 1891 and again in the spring of 1892, her ladyship came to bring a grandchild of hers, and hence I know that she has never looked back. She has now a much healthier look than she had six years ago; and, considering what she has gone through, her condition—being in her sixtieth year—must be termed eminently satisfactory.

"Any trouble from your stomach now, my lady?" "Oh! no thank you none at all."

CHAPTER XXI.

Organopathy grounded on Homœopathy.

Homœopathic Aggravations proved by Koch.

IN my "Diseases of the Spleen and their Remedies clinically Illustrated," I shew that organopathy is specificity of seat merely; the fundamental basis of specific therapeutics; its father is Paracelsus, its modern resuscitator is Rademacher, its most eminent disciples Bernhardi, Loeffler, Kissel, Rapp, Guttceit, while v. Grauvogl very properly draws it into the service of homœopathy.

Homœopathy and organopathy, and zoic medicines, all help in the following case of:—

Atheroma of Scalp—Wen-Sebaceous Cyst.

On June 30*th*, 1888, a lady of sixty or thereabouts came to consult me for a large wen at the back of her scalp a couple of inches or so behind the left ear.

Had had it for many years but smaller; it is now enlarging. Patient is subject to intermittent erysipelas and much giddiness and swimming in the head.

℞. Bellis per. *θ*

July 10*th*.—No better; giddiness is much worse with certain movements of the head; there is a sensation in the left hypochondrium as if it swelled up, and then follows giddiness; also,

for years whenever she puts her hands into cold water she gets a thrill under the left ribs. So it is probably spleen—v. Grauvogl's hydrogenoid constitution—she feels draughts which make her chilly; there is some epigastric throbbing. Patient tells me she once had suppressed measles and suppressed small-pox, and also typhoid.

℞. Spiritus Glandium Quercus θ.

17*th.*—Complains of a tender fulness in the left hypochondrium; the left cheek flushes.

℞. Rep.

19*th.*—No better. Ceanothus Am. 1.

August 4*th.*—Swimming in head and the side much the same; she feels weaker; no pains in the shoulder; side however less swollen.

℞. Variol. 30 in very infrequent doses in powder form.

15*th.*—"Since I have been taking the last medicine I have gradually become much better; the dizziness and swimming in the head, and swelling in the side, have been much less."

℞. Variol. C. in very infrequent dose.

25*th.*—Nearly well; she is very positive that the powders have done her so much good; the last (C.) even more than the former (30). She has lost her pallor, has quite a fresh colour, and is really quite a different woman. The wen is easier.

℞. Bellis per. *θ*.

October 20*th*—Had to give up the Bellis p. and had some more Variol. powders, when no further progress being appreciable I gave Morbillin. 30 in very infrequent dose (December) when patient passed a round worm and (January) I ordered her Rubia

tinctoria θ simply as a spleen medicine, whereupon the atheroma broke and discharged a good deal at times, and off and on till the end of March, when it healed and there was an end of it. I might add that Cuprum, Terebinth, Thuja, and Sulphur were used in the interim, and, on April 6*th*, I could scarcely find where the tumour had been. The containing membrane was one day pulled away by the lady's friend while dressing the suppurating wen. A good many poultices were used by the lady *while* it was discharging, but *not* before.

It might very naturally be urged by surgery-loving friends: What is the advantage of all this medicating for a bit of a wen? Why not just slit it up and pull out the whole thing and have done with it?

Well, in the first place, good and thoughtful practitioners have main-

tained that operations for wens are at times followed by Bright's Disease, and as Bright's Disease at any rate cannot be operated upon, it is just as well to let the wens alone, since they are a lesser evil than *Morbus Brightii*. Furthermore, the lady was not *well*, and it was by treating her ill-health that I succeeded in getting rid of the wen.

I might add that the Quercus will *cause* giddiness, and it is, moreover, a mild, yet powerful spleen medicine.

The remedy in the case was evidently the Variolinum, and I have no doubt that it cured homœopathically.

I have known the lady for seventeen years, off and on, as a patient, but had never seen her with a good colour till after the Var. She continues very well to date.

At the beginning of the narration of

the foregoing case, I said that homœopathy, organopathy and zoic medicines all helped in its cure; I do not mean that these are distinct from one another, but I mention them thus separately by name because many homœopaths do not admit organopathy as an integral part of homœopathy, while many others pooh-pooh or turn up their superior noses at the use of zoic medicines such as Bacillinum, Morbillinum, Variolinum. Whereas I maintain that organopathy is basic elementary homœopathy leading up to symptomatic differentiation, and the zoic medicines begin where the ordinary symptomatic differentiation leaves off. In regard to tumour-curing I find that organopathy is very helpful indeed, and with it I often succeed alone without the serious expenditure of time called for in truly differential symptomatic treatment. It saves the

physician's time and preserves his mental strength. Its weak point is the relatively uncertain power of organ-medicines over the disposition, it gets rid of the product more effectively than it does with the diathesis. This same weak point, however, exists likewise in purely homœopathic symptom-covering; in neither case is the neoplastic diathesis materially influenced *unless the degree of homœopathicity* in the drug chosen be very considerable: for looking deeply into the thing makes us aware that it is *not* the mode of choosing a remedy that is of greatest import, *but* the degree of likeness existing between drug-pathogenesy and the natural history of the malady in its anatomical and physiological essence.

This is where the zoic medication *begins:* it hits the diathetic quality as well as the product. Here

only higher dilutions at longer intervals are any good, or fuel is added to the flames; whereas in organopathy small material doses act well and suffice, and the doses are repeatedly given with advantage—the greater the degree of homœopathicity the higher the dilution and the longer the interval between the doses. This I have before pointed out in my "Fifty Reasons for Being a Homœopath," and although it has apparently attracted no notice from critical pens, still herein lies the real solution of the "question of the dose."

Let any clear-headed unprejudiced physician think this matter over and then put the idea to the clinical test and he will find it is true in nature and capable of exact scientific clinical demonstration. It is this idea also that gives a real explanation of

homœopathic "aggravations" that are very real to those who often spot the simillimum, but mere moonshine to those who do not.

Said Dr. Robert Cooper to me one day, in regard to chronic deafness more particularly....

"Well, I find I cure best if I get an aggravation, so that if I do not get any aggravation I conclude I have not got the right remedy for the case; they may laugh at it as much as they like, *but that's what I find.*"

We do not often get aggravations in organopathic practice, because the degree of drug-likeness to the disease is small; but they do occur at times when there happens to be a great degree of homœopathicity existing between drug-action and morbid state;

and in reading the literature of the organopaths one is struck with the curious fact that the more experienced they became in applying organ-remedies to organ diseases *the smaller became their doses:* thus Rademacher slowly came down from twenty-five or thirty drops of the ordinary strong tincture to 15, to 12, to 10; aye, even to "one drop well diluted in water!"

If anyone wants an absolutely conclusive ready-made proof that the degree of homœopathicity regulates the dose, let him compare the results obtained with Tuberculinum in Kochian practice and those obtained by myself and others, with practically the same drug, but given in high dilution in very infrequent doses.

Moreover, Koch himself proves the high degree of homœopathicity of his Tuberculinum by getting an aggravation

where there is tubercular disease only, but *his* aggravation is very apt to be lethal, but homœopathic all the same in its nature; and it is lethal because the dose is too great.

Dr. Kröner, of Potsdam, in the Zeitschrift des Berliner Vereines homöopathischer Aerzte, Vol. xi, part ii* p. 191 in his review of Die Koch' sche Tuberculose-Behandlung auf Grund von Beobachtungen in der evangelischen Diakonissenanstalt zu Stuttgart von Obermedizinalrath *Sick;* Stuttgart, 1892—thus remarks:—

"In some cases I am struck with the fact that after a severe aggravation, calling for the stopping of all further injections, there occurs sooner or later, not only a return to the *status quo ante*, but decided improvement was observable. And in connection with

*April 5*th*, 1892.

this, who does not think of examples of such in homœopathic practice?"

It is but fitting that State Medicine in the German fatherland should thus give a scientific demonstration of the truth of Hahnemann's "aggravation!"

The German Hahnemann is indeed avenged in his own home-land!

CHAPTER XXII.

Tumour in Left Hypochondrium.

A CITY gentleman, fifty-eight years of age, came to consult me in the month of April, 1888, for a tumour in the left side of his abdomen, reaching from just below the apex beat of the heart to the left as far as the spinal column; from above downwards as far as a transverse line drawn through the navel and to the right to about an inch beyond the mesian perpendicular.

His doctors had given him up, particularly as he had lost flesh and strength; and his aspect shewed that they were right.

To his knowledge he had had the tumour for two years, but he believes it may have been there much longer, and it is slowly growing. The swelling is very painful, and the pain extends to and is also felt in the epigastrium. A deep scar over his left eyebrow dates back 50 years, when he was kicked in that region by his father's horse. He vomits a good deal.

The essential points, therefore, were: the swelling, the pain, the vomiting, the loss of flesh, and the weakness.

As the patient was a very chilly mortal, and worse in wet weather, I concluded that the tumid mass was either a very large spleen or a tumour growing out of it. But which? That could not be determined on the hither side of the *post-mortem* table, and then it would be too late. The exact nature

of internal tumours is very frequently simply unknown and unknowable; even puncturing will not always disclose it, and this is often dangerous, and in any case objectionable.

Besides the before-mentioned kick over his left eye, I elicited that he had never been vaccinated, having had variola fully 40 years ago.

Now the effect of acute diseases on the economy are known to last a very long time; how long does not appear to be determinable. I therefore thought that perhaps that might have morbidly impressed the organism, and so be the causal start, improbable as it may appear.

Wherefore I ordered (see my "Natrum Muriaticum" and "New Cure of Consumption" for doctrinal reasons), *Variol.* 30, six globules every eighth day. This was on the *9th* of April, and

on the 12*th* of May, he reported himself very much better, and the tumour had slightly decreased.

In another six weeks—June 22—patient had lost all the pain; the vomiting had ceased, and he had gained flesh and strength. But the tumour was *larger* [Aggravation?]

Now thinking that the pyrexia accompanying the variola may have acted causally in the matter (hypothetical again) I gave him Pyrogenium 5.

July 18*th*.—He thinks the lump is smaller; has gained flesh, and looks quite healthy. I ordered Bellis per. θ, both because of the old blow over left eye, and because Bellis has an affinity for the left hypochondrium, and also because it has already cured tumours in my hands. He took thereof six drops night and morning till he had used four drachms.

August 24*th.*—In the perpendicular, as also in the transverse, the tumour has diminished by fully an inch both ways. In himself he is now quite well. It being clearly splenic:—

℞. Ceanothus Am. 1. Five drops in water night and morning.

October 10*th.*—The swelling is much smaller. He then had Spirit glandium quercus θ, and finally Variol. C., and in the beginning of 1889 was quite well and ceased attending.

Not long since I saw the gentleman again, and learned that he continues well.

It will be useful to dwell for a few moments upon this case, principally because it shews—what I often notice—that the primary start may indicate the remedy, and this seem to remove

the obstacle, or bar to drug action, just as Hahnemann noticed and taught in regard to his ætiologic homœopathy : the *Coethen phase* of homœopathy.

To bring the treatment down to John Hunter's conception of a real cure of tumour must be our constant aim, and the idea that is worked out in my "Natrum Muriaticum," viz :— a hair of the dog that bit you—seems, strangely, to be helpful.

This idea really lies very deep and bears thinking about and underlies the labours of the isopaths, of Pasteur, Koch, Swan, Ameke. And the line of demarcation appears to me to be what I have given expression to in my "New Cure of Consumption," viz.: "where homœopathicity merges into identity." In other words the double and opposite actions of large and small doses, as I think "Natrum Muriaticum as

Test of the Doctrine of Drug Dynamisation" fully proves in regard to Sodium Chloride at any rate. Working out that thesis turned my mind in the direction of "the remedy in the disease" where it certainly is sometimes, and, perhaps, under conditions.

Do homœopathic physicians in general really believe what they so oft have quoted: Magis venenum magis remedium? Do they understand what it all involves?

Perhaps a few of them do.

Revenons à nos moutons.

On June 19*th*, 1889. This day Mr. —— called upon me to say he had sadly run down in health owing to domestic affliction and much night watching, and he had begun to find out that he had a left side again, in

fact the old lump was again slightly to the fore.

℞. Tc. Urtica urens θ. Five drops in water night and morning.

July 24*th*.—The tumour has gone down; he says: "I can feel it not so large." He feels very well in himself. To continue with the Urtica, which was done till December 18*th*, 1889, when the most careful examination failed to reveal the smallest remains of the lump.

And how do you feel, said I to him?

"First-rate."

By the way, Urtica urens is a splendid splenic, whose clinical history I propose to relate another time.

Patient, I believe, continues well to date.

Was this a genuine neoplasm, a tumour in the strict sense?

Well, the leading allopathic surgeons of London said so, and if their diagnostic powers are vain *what is* their *raison d'être?* They cannot cure anything.

By the way not so long ago they were very great at blood-corpuscle counting in splenic tumefaction; strange to say that also did not cure anybody, and the blood-cell counting is going . . . out of fashion; in fact *is* almost as much out of date as the crinoline.

CHAPTER XXIII.

Abdominal Tumour.

THE subject of this chapter is an abdominal tumour of special interest, not only on account of its fully successful treatment, but because the case was throughout watched and periodically examined by an allopathic surgeon of repute, who himself advised his patient to make the necessary long sea voyage from a distant hot country to London, to seek further skilled advice in regard to her abdominal tumour.

The surgeon, of course, did not even dream of its cure by remedies, and in sending her home this was not in his mind. But years before I had

cured a child of the patient of lymphatic tumours, and so once arrived in London the lady sought my opinion: I found in the upper part of the abdomen a tumour that was of considerable size, having its seat of origin, so far as I could tell, at the left end of the pancreas, but extending across to the right a good way towards the liver. In size it may be said to be about that of a big man's fist, and seemingly a fibroid. For a year past there has been much dyspepsia. The pancreas I considered much enlarged, and the spleen was also increased in size.

Of eight children five had died in infancy; there was a large brown patch on the forehead almost co-extensive with it; she had formerly had sore throats; her hair has fallen out and is still in process of falling out, and her

nights were bad. Patient was a large salt-eater; had been three times vaccinated, and had had typhoid and ague, as also hypogastric neuralgia; costive.

August 4*th*, 1886—

℞. Sepia 5, five drops in water three times a day.

18*th*.—Urine rather slimy; hair falls out rather less. Complains very much of sleepless nights.

℞. Syph. CC. in very infrequent dose.

September 15*th*.—The remedy did her constipation much good; the hair ceased falling out; the forehead less brown. The tumour certainly smaller.

℞. The same remedy enough to last two months.

November 15*th*.—The first ten days I took the powders I had a good deal of pain and diarrhœa followed by con-

stipation and bad piles with much smarting rawness. The tumour is without doubt a good deal smaller and much softer.

℞. Rep.

January 31*st*, 1887.—"I stopped taking the powders and have only just finished them; and I have had to have the doctor here for piles and fissure; he examined my tumour about five or six weeks ago, and said it was half its previous size, and since then I think it is smaller still and I have a difficulty in finding it—it seems much further away from the surface."

℞. Iris versicolor 30.

March 12*th*.—"I am glad to be able to report further good progress; I have had my doctor here to see how the tumour was getting on; he says it is much smaller than when he saw it two or three months ago, and is now

not larger than a very small hen's egg; I am feeling well in myself and suffer very much less from constipation, and have taken no Cascara."

℞. Syph. CC.

May 10*th*.—"The last time the doctor was here he could not feel any lump, but I am two months gone in the family way. The brown marks on the forehead have gone. I have had dysenteric diarrhœa and am weak."

℞. Arsenicum 3 trit. Six grains twice a day.

July 1*st*.—

℞. Aurum mur. nat. 3*x*. Six drops twice a day.

August 12*th*.—Has returned to England, and comes to me worn out with dysentery. Simaruba cured it.

℞. Calc. Hypophos. 3*x*, gr. viij. three times a day.

Sept. *7th.*—Quite recovered her strength. Returns to her distant home across the sea.

℞. Aur. mur. nat. 3*x*. As before.

Nov. *7th.*—Feels quite well. Has finished the medicine.

℞. Syph. CC.

Feb. 20*th*, 1888.—"I have sent for my doctor to examine my tumour, and he says it is sausage-shaped, but much smaller and flatter. My baby is very fine and healthy, and I am well."

℞. Tc. Iris versicolor 3*x*.

And then followed Aurum again as before; when the doctor again examined patient for the tumour, and declared it to have quite disappeared. The cure holds good.

I am very especially pleased to record this case, as its course was carefully watched by an unbiassed highly qualified general practitioner (a British graduate), who took no part in the treatment, remaining just an onlooking expert, and who has not consulted at all with me, does not know me personally, and has never even communicated with me, nor has he the faintest idea of what remedies have been used.

He is an allopath, and, seemingly, is content so to be and so to remain. How this can possibly be I do not pretend to comprehend. I have often observed this sort of quasi-interest in homœopathic work go hand in hand with practical and life-long indifference.

I suppose the quasi-interest is no really scientific concern at all, but rather curiosity and a kindly sort of

feeling for their clients' fads. The Spanish generals behaved in pretty much the same sort of superior way to one Arthur Wellesley in the Peninsular campaign. But history has squared the accounts pretty fairly.

The following letter from the lady shall end this chapter, to wit:—

JANUARY 12*th*, 1889.

DEAR DR. BURNETT,

It is six months since I received the last medicine you ordered me. Shortly after its arrival I had an attack of fever which lasted a long time—over two months; it was simple fever without any complications, but I became very weak with it and was some time getting up my strength again. It is only quite lately I finished your medicine, and two days ago I had Dr. —— to see me. He searched long and carefully for the tumour, and, I am delighted to say, could not find any trace of it; he says the left lobe of my liver is still slightly enlarged, as it has been for a long time. In spite of this

enlargement of liver, I have no unpleasant symptoms with it, and feel in perfect health and strength, and am up to dancing and playing tennis, which latter I always do regularly and always feel the better for it. I feel very grateful for all you have done for me. My baby also is well, strong and rosy. May I consider myself out of your hands now? I suppose the only thing for my liver is a change out of the country, but that I doubt if I shall get this year as times are so bad.

With kind regards and good wishes to you for the New Year,

I remain,

Yours sincerely,

Years Later.

In the Summer of 1892, I saw this lady, and thus know from personal examination that the cure holds good.

CHAPTER XXIV.

Tumour of the Tongue, presumably Cancerous.

SOME five years since a lady, sixty odd years of age, came under my observation for a tumour of the tongue for which she had already once undergone a successful operation, *i.e.* the then existing tumour was a fresh one that had come at the old spot, viz.: the left side of the tongue, and was about the size of a walnut. On the recommendation of several eminent physicians, allopathic and homœopathic, the operation had been performed by a well-known London surgeon. But, as first stated, the tumour recurred. Three homœopathic physicians strongly urged the imperative necessity of a new operation.

The case was complicated with a fatty heart, atheroma of the arteries, numerous symptoms of paresis, profound adynamia, sorrow and worry without end, and hence very numerous remedies have been called to the rescue, and right well they have responded, for the tumour has long since gone and the lady is still bravely to the fore.

By reason of the extraordinary complexity of this case it would serve no useful purpose to narrate the case in detail, but I might name Condurango, Var., Barium, Iodium, Ferrum aceticum, Variolinum, Oleum succini nonrect., Ceanothus, Rubia tinct., Lycopodium and Aurum as remedies that did sound service. At the date of which I am writing these notes—June, 1889, the lady is in fair health and the tongue is well, and it is with the tumour of the tongue that we are here concerned.

January 14*th*, 1890.—I heard from the lady a few days ago and so can say the tumour continues well. Of course the tongue is not exactly a normal tongue inasmuch as a piece of it was cut away, so it always remains somewhat odd-looking and puckered laterally by the scar tissue.

A number of the homœopathic practitioners of Great Britain have seen this case and they will readily recognize it by this description of the hard tried lady, who is the widow of an Anglican clergyman on the East Coast.

February, 1892.—At this date I saw this lady and found the tongue still healthy. This lapse of time justifies my calling this a really Hunterian cure.

CHAPTER XXV.

Postaural Lymphoma—Vaccinosis and Psora.

ON the first of April, 1886, a little girl of nine years of age was brought to me for advice in regard to her general health, and specially for a small glandular tumour behind the left ear. Delicate as a baby, then got strong; subsequently went thin and deaf—now two years ago—was taken to an aurist who removed portions of the tonsils and thereafter totally excised them. Deafness was better, but patient herself became very ill, was sent to the seaside and recovered.

Now she has bad broken chilblains "and everything with her gets mattery."

There is a little lump—presumably glandular—behind the left ear, of the size of a large hazel nut. Acne of skin. Anorexia. Once vaccinated.

℞. Thuja 30, infrequently.

May 11*th.*—Lump behind ear smaller; flesh very unhealing, but not quite *so* mattery.

℞. Rsor. 30, infrequently.

September 30*th.*—Well; no lump, and she is bonny.

That the indurated gland behind the ear was of a piece with the tonsillar disease will hardly be disputed, and that the excision of the tonsils was an eminently silly proceeding, must be equally manifest.

Still, of course, vaccinosis is nonsense and psora nothing but moonshine. But, banter apart, will any medical man, of *any* pathy, tell me a shorter

and better way to cure a tumour, great or small, than I am here trying to set forth?

I claim that this is a real—a Hunterian—cure, for the disease is cured in its effect and, I truly believe, in its disposition. Whether a small glandular enlargement may quite rightfully be called a tumour I will leave an open question.

As this chapter is very short I will add one more case of:—

Sebaceous Tumour of Scalp.

A married lady, mother of three children, came under my observation at the end of the year 1887, for a number of ailments. She was verging on fifty years of age and had double cataract.

When I say that she came for a number of ailments that is not quite what I mean: I ought rather to say that, though suffering from a number of ailments, she came to me for double cataract and seemed almost afraid lest I might, as it were incidentally, or accidently, cure something else. There was a good-sized wen in the lady's scalp that finally yielded to my treatment. She had taken a great many remedies from me; her constitution slowly improved; she became much stronger; her hair, which had been very thin, grew again, and in the Autumn of 1889, while taking Acidum uricum 5, the wen disappeared; having burst and discharged.

These wens are very curious things, and to me biologically decidedly puzzling. For instance, why does kidney-disease follow their forcible removal? Why are their owners so prone to pains,

and paresis? At present I am studying a number of them with much interest; and although I not infrequently cure them, still I cannot say I understand them. Sebaceous cysts from occluded outlets of the sebaceous follicles are only the dry bones of the thing.

CHAPTER XXVI.

Mammary Tumour.

A WIDOW lady of twenty-six years of age, whose only two children had died, called to ask a gentleman of my acquaintance what he would recommend her to do in a difficult matter, viz.: the removal or non-removal of her left breast by operation as Mr. ——, Dr. —— and Dr. ——, as well as the surgical staff of —— Hospital in London, had decided was imperative owing to a tumour that had been growing in it for some time. The gentleman in question is very enlightened, intelligent, and noted for his kindheartedness, hence the bewildered are in the habit of seeking his advice—and, at times, following it.

Tumour of Left Breast.

On April 16*th*, 1888, Mrs. X., a young widow, twenty-six years of age, mother of two children, both of whom have, however, died, came telling me she had been under treatment at St. Thomas's Hospital and elsewhere, for a tumour of the breast.

Menses regular, but painful; the tumour is more painful at the monthly time. She had a knock on the left breast 15 months ago. Mr. ——, the hospital surgeon, and the surgeons at St. Thomas's, and also the surgeons at the country town whence she hails, all recommended operation.

"Do those gentlemen all recommend an operation?"

"Yes, sir, all of them."

In the outer aspect of the left breast I found a very painful swelling, the corresponding part of the right breast being also tender to the touch but not the seat of any tumour.

Patient was of opinion that the tumour in the left breast was a trifle smaller than it had been, but much more painful. Anorexia, anarmia. Has been twice vaccinated; had bad measles, a weak chest, pneumonia, bronchitis, low fever and much grief. The first two very obvious points in this case were the grief—fancy a young women of delicate health, who had lost her two babes and her husband, and who had been recommended by half-a-dozen surgeons of repute to have one of her breasts ablated—then there was, probably, some blow; in fact she dated the whole thing to a blow.

Therefore I gave her Ignatia amara 1^{x} (dear old Hahnemann, thou

hadst not lived in vain if thou hadst left us nought but this one thrice-blessed therapeutic legacy!) and Bellis perennis θ.

May 16*th.*—Patient is brighter and better in her self; the tumour is very painful and more defined.

℞. Thuja occid. 30.

June 13*th.*—Better in health; very bilious and many headaches.

℞. Psor. 30.

July 16*th.*—At first the lump swelled a good deal and then went down again. Patient is very yellow and bilious; the tumour very tender.

℞. Hydrastis Can. θ.

August 27*th.*—She does not think there is any real improvement.

℞. Fer. picric. 3x ʒiv, three drops in water night and morning.

October 15*th*.—Nearly well, but she suffers fearfully from neuralgia of the jaw.

℞. Bacill. 30.

November.—Very bad bilious attack and the tumour has increased in size somewhat.

℞. Hydrastis Can. *θ*.

January 14*th*, 1889.—The tumour is nearly gone, she says, and I have difficulty in finding its remnant. She is very pale and bilious.

℞. Rubia tinctoria *θ*.

March 11*th*.—The little bit of the tumour that remains is now more evidenced by pains than by bulk.

℞. Morbill. 30.

April 8*th*.—Pain is nearly gone, but she will have it that the tumour has grown again a little.

℞. Rep. (C.)

June 5*th.*—The tumour is quite gone; patient is still pale and there is still a little pleurodynia.

℞. Sabina 30.

This ended the matter, patient continues well and has no tumour—Saint Thomas's prognosis notwithstanding.

CHAPTER XXVII.

Small Vascular Growth inside the Left Lower Eyelid near the Internal Canthus.

AN unmarried lady of some seven-and-twenty summers consulted me on July 25*th*, 1888, for a small vascular tumour inside the left lower eyelid near the inner canthus, and separated from the caruncula by about the eighth of an inch. What really troubled her was the lachrymation or rather the stillicidium.

She had been aware of this growth some six months, and has been under "proper" treatment for the same, and the treating surgeon has very improperly

cauterised it, so of course the surface of the tumour is somewhat cicatricial.

℞. Tc. Cupress. Law. 3, ʒiv. Five drops in water night and morning.

August 22*nd*.—It is rather smaller, but not much. She herself has always been well, but thus far has never had a healthy look.

The Cypress drops have, however, brought a healthy hue to her face—"and I never had a healthy colour in my face before in my life!"

She now tells me that she had a similar vascular tumour on the right lower eyelid, but on its outside, but it disappeared herefrom at the time it appeared on the corresponding *internal* spot of the left side. And *yet* the surgeon cauterised it! Patient is curiously affected by the moon, and that in this wise:—at full moon her brain seems excited and worried, and

she cannot sleep, but if she sleep, dreams; this has been the case for the past twenty years. Her teeth are greenish and her gums unhealthy.

℞. Argent. met. 5. Five drops in water night and morning.

October 8*th*.—The eye has ceased watering and the wee growth is less red.

℞. Selenium 5, ℥iv. Five drops in water night and morning.

And under its use the tumour waned and went, but the cicatricial surface due to the surgeon's cauterising of course remains.

October 18*th*, 1889.—"The last medicine cured it."

January 24*th*, 1890.—The eye continues well.

CHAPTER XXVIII.

Ovarian Tumours: Bearing on Marriage.

Of their Modes of Cure.

THE treatment of tumours in young women has a very vital bearing on the future life, happiness and family-life of the subjects. This now following case well exemplifies the point.

In the year 1882 I was requested to meet Dr. M.— in consultation in regard to the state of health of Miss X.—— then just thirty years of age. I found the left half of the hypogastrium occupied by a large tumour roughly about the size of a big man's fist. It had been much larger and had been reduced to the just-stated

size by curative manipulations in which Dr. M—— is very expert, but below its man's-fist size the tumour would not go by the curative movement.

Questioned as to the time she had had it patient said many years; it had been subject of treatment during the past four years, and now it was my task to recommend an operation, or to undertake the case to see if remedies could cure it. Although the tumour was not so very large, it appeared very unsightly by reason of the lithe build of the patient, and this unsightliness caused her near relatives to greatly favour an operation, and when I stated that I thought medicines would cure it I fear no one believed me except the patient herself and Dr. M——.

It is astonishing with what light-heartedness the belongings of a patient—particularly a number of the

women—discuss such operations on *women other than themselves!* In the end my view was accepted. The patient had bad yellow leucorrhœa; the menses were *very* painful and therewith a good deal of vomiting.

My treatment was regularly begun on November 6*th*, 1882, and my first prescription was Thuja occidentalis 30, not only because of the leucorrhœa, but for the vaccinosis, viz.: she had been in all three times vaccinated: the second time was nine years previously, when she was ill for nine weeks with it, and in the winter before (1881) she had fourteen boils. There was also much flatulence, and her constipation she described as "fearful;" subject also to bilious attacks every ten days or so, and the whites of her eyes were dirty-yellow to a degree but rarely seen except in the aged. The Thuja seemed to cause a great deal

of pain in the tumour: she had one dose every day for a month.

Psorin. 30 followed the Thuja, and hereupon I find this note in my case-book:—

Dec. 13*th*, 1882.—At first the pain went better and she felt better: now in every way worse than ever; also severe pain in the top of the head; conjunctivæ very yellow.

℞. Thuja C.

January 1*st*, 1883.—Her head is very bad; insomnia; starts a good deal on going off to sleep.

℞. Nat. sul. 4, six grains in water every three hours.

February 28*th*.—The Natrum sul. has seemingly greatly upset her, so much so that she is afraid to go on with it. The initiated will see that the prescription was Grauvoglian. Patient is very bilious.

℞. Syph. CC.

March 21*st*.—No obvious improvement.

℞. Medorrh. 30.

No change worth naming in the tumour, but the constipation became so bad that it became for the time the substantive complaint. For this Podophyllin 2*x* and Euonymin 3*x* was used, the latter with much satisfaction and general improvement, and under it the conjunctivæ cleaned a good deal and the tumour slightly diminished in size.

As she was so *cold*, and had pains in the left side, she received from me Ceanothus Americanus 1, and so the treatment went on till August, 1885, when she was discharged quite cured; the remedies used after the Ceanothus were, in order named, with intervals of from one to six weeks between the remedies, Merc. met. 3, Variol. C, Bellis per. 1, Medorrh. C., and Chionanthus θ.

I several times saw and examined patient and can state that she continued quite well; the whites of her eyes are long since clean.

She has since happily married, and apropos hereof I may say that she *very* greatly improved in good looks under the treatment. Nor is this strange, for so long as the ovary was the seat of a tumour so long was it quite impossible for her to be other than plain: healthy ovaries are absolutely essential to good looks. How hideous those whose ovaries have been operated upon frequently become.

November, 1889.—She continues quite well, so she tells me in a chatty letter.

CHAPTER XXIX.

The Treatment of Mammary Tumour, also in its bearing upon Marriage.

THE bearing of the treatment of ovarian tumours upon marriage and motherhood is obvious, since there can be no offspring without ovary—where the ovaries are removed there is simply the spayed condition of common animal life. A human being without ovaries is not a woman at all. Where a lady's breast is removed for a tumour—can that lady be said to be still marriageable?

Hardly. And whether or no how fearfully shocking the mutilation, even to the lady herself.

Tumour of Left Breast.

A married lady, forty-two years of age, mother of seven children, was brought to me by her husband in the month of November, 1886, for a swelling in one of her breasts, which had been hurt. I found in the lowest third of her left breast a hardish tumour, of the size of a hen's egg, which was at times painful. Her menses were always too profuse, so that for many years she had never been able to get over the anæmia due to one period before another was there. Had leucorrhœa badly for many years. On the skin, in various regions, a number of wart-like excrescences. She had had measles, scarlatina and mumps, each twice, she informed me. Had also had variola, and besides this, she had been vaccinated four times, the last three times

without success. This fact, together with some of the other already narrated morbid phenomena, viz.: the leucorrhœa, the wart-like excrescences, caused me to regard the case as one of vaccinosis, respectively sycosis.

Thuja 30 and Mag. sul. 3*x* enabled me to discharge her quite cured in four months.

Long afterwards she accompanied a near relation to consult me in his regard, when I took the opportunity of examining the breast, but could find no tumour.

The reason why the tumour yielded so promptly lay evidently in the fact that it was merely a hardened mass of normal tissue, and this hardening from infiltration only, I had intended following with Bellis, but the lump having disappeared no further treatment was needed.

That the Thuja was here the curative agent, I infer from the fact that I first prescribed it with palpable effect; Mag. sulph. was the second prescription, and when it was finished patient herself *asked for* the first-given remedy, *i. e.*, the Thuja, because it had so much alleviated her menstrual inconveniences.

Patient did *not* know what remedies were given, so the value of her testimony is manifest.

I regarded the tumour as mammary infiltration from ovarian irritation started by trauma.

CHAPTER XXX.

Confounding Effect with Cause.

THE surgical removal of tumours seems to me to be unsatisfactory in every important particular.

It only professes to deal with the produce and can never be, even theoretically, a Hunterian cure: the *disposition* is not even aimed at!

The treatment by the actual cautery gets rid of the superficial effect—the product—the cause is not even considered at all.

Let me exemplify :—

Tumour of Left Hip.

A strong powerfully-built maiden lady, about fifty years of age, came under my observation on April 25*th*, 1889, telling me that she was very anxious about a tumour of her left hip.

An examination disclosed an inflamed hardened nearly circular patch of about the size of a florin depressed in the centre and scaly near its rim.

She had spent the winter at the seaside in charge of an invalid, and having for some six months or so noticed a red mulberry-like growth at the above-mentioned spot, she sought to set her mind at rest by shewing said growth to the doctor when he came one day to see her ward. "You had better let me burn that away, or

it might give you trouble some day," said he, and at a number of his subsequent visits he took a turn at the burning-away proceeding.

The result was that he not only succeeded in burning away the growth, but went on "burning" till he had created a concavity about four times the size of the original growth and about as much below the cutaneous surface as the mulberry growth had been above it.

When the lady went home to Surrey with her charge the doctor urged her to return to him for a continuance of the cauterisation as soon as she could.

Happily better counsels prevailed, and after several weeks of fruitless waiting to see if it would heal up, the patient came to me as the holder of a more gentle faith than *burning*.

In five months nothing remained but the hole to mark the *locus in quo.* The remedies used were Hydrastis Canad. θ and Morbillin. 30, each by itself month about. The use of the former was empirical tradition, of the latter the fact that she had had the measles badly as a child and had suffered much from "lungs." While taking the Morbillin. in infrequent dose, in powder-form, the place scaled off several times, and thus the thickening was got rid of.

Afterwards I enquired of her: Which did you more good, the powders or the drops? "Oh the powders; I have felt *so* much better ever since I had the powders."

When I reflect upon this case I say to myself thus:—

The small tumid mass on the buttock was produced from the within

of the patient, being thus produced from the interior of patient's organism, it is qualitatively and potentially only to be killed from within, *i. e.*, in its vital self; you can no more cure the thing by burning away the excrescence than you can cure the gout by cutting off the gouty toe.

The growth is a vital product; the growing is a vital process proceeding centrifugally and towards a fixed point on the cutaneous periphery.

CHAPTER XXXI.

Cure of Tumour of left Breast.

A LADY of forty-four, married, but without children, and who had formerly been under my care for neuralgia and recurrent iritis, presented herself to me at the end of the year 1888, with a very hard tumour of the left breast about the size of her fist. The menopause was evidently there as there had been no period since October. Of course the tumour caused great anxiety, but when I informed the lady that remedies would cure it, she simply accepted my statement and the sequel confirmed it.

The tumour had been as it were quiescent for nine years; that is to say,

nine years previously patient had the ague (malarial fever) at San Sebastian, and it was this fever that was said to have caused a lump to come in the breast and which the doctors at the time thought would gather and discharge, but it did not and remained pretty much the same, till the period stopped in October, when it began all at once to grow, and that pretty fast.

Thinking the matter over it seemed manifest that if a lump would stay for nine years, there must be an internal cause—disposition—*ever operative*, for if it had not been *continuous* in its operativeness, the lump must have long since disappeared: a causeless lump cannot be.

Patient had long ago had congestion of the lungs and, moreover, her mother died of phthisis.

I regarded the general state as from the mother's phthisis, and therefore

gave Tuberculinum C. in very infrequent dose for several months and this greatly reduced the tumour in size, but it became *more* defined notwithstanding the decrease in size, and this rather struck me. The converse is commonly the case.

I then went back to the time of its origin and found that patient had had much quinine at that period, *i. e.* nine years previously. Now knowing that effects of quinine are long-lasting and at times antidoted by Natrum mur. I gave this latter in eight-grain doses of the sixth centesimal trituration three times a day.

March 19*th*, 1889.—Tumour well defined; size of a child's fist and hard.

℞. Repeat the Tubercul. C.

April 1*st.*—Tumour certainly smaller; the pips are numerous but not so florid.

℞. Fragaria vesca θ (a very good mamma-medicine in the Rademacherian sense, though not one of his medicines), ten drops in water night and morning.

April 23*rd.*—Tumour about half gone. Patient much praises this medicine.

℞. Repeat the Tubercul. C.

May 21*st.*—The lump is smaller.

℞. Fragaria vesca. θ

June 25*th.*—Lump about the same.

℞. Silicea 6. Eight drops night and morning

August 6*th.*—"The lump in my breast is smaller but it is still there."

℞. Silicea 12.

August 28*th*.—"The lump in my breast is smaller; my skin is very spotty."

Rep.

November 20*th*.—Tumour not quite gone.

℞. Tc. Pulsatilla nig. θ. Four drops in water three times a day.

December 12*th*.—Tc. Hydrastis Canadensis θ.

January 17*th*, 1890.—Tumour quite gone.

February 6*th*.—No trace of tumour.

18*th*.—Discharged cured.

My conception of the actions of the remedies in this case may be thus stated. In the first place the Tuberculinum cured the maternal taint of tuberculosis; the Natrum mur. antidoted the long-lasting effects of the quinine; the Fragaria vesca acted

upon the mammary organ as a gentle stimulant and woke its life up a little; the Silicea, Pulsatilla and Hydrastis are homœopathic remedies that may be termed standard polychrests.

Let my theories go for just as much as they are worth, but *not* less than . . . The *tumour was cured* and patient remains well.

December, 1892.—Bringing a niece to me for a skin eruption, patient said: "You have never *quite* cured *my* spots."

What about the tumour?

"Oh! that's alright."

CHAPTER XXXII.

Generalizations in Some Cases of a Certain Practical Value—Tumour of the Testis.

THERE are certain generalizations that have arisen in the evolutionary expansion of homœopathy that must be rightly and duly appraised if we are to do the *greatest possible* amount of good in practical drug therapeutics.

Thus the general statement that Natrum muriaticum * antidotes the effects of quinine deserves a certain amount of attention, though of course it is not every case of cinchonism that dynamized chloride of sodium

* See "Natrum Muriaticum as Test of the Doctrine of Drug Dynamization."

will cure. In this sense I understand the value of the statement that Gold follows Mercurius so well in the syphilitically broken down.*

Small Tumour of Right Testis.

In the early part of the year 1885, a gentleman came under my observation for a tiny tumour at the bottom of the right testis and about which he had consulted five medical men, of whom three are eminent surgeons of general renown. Opinions were divided as to whether it was of a specific nature or not.

As patient had had it over a year and as he had been very actively treated for it with the usual specifics; and, moreover, as the metal has an

*See Hughes's "Pharmacodynamics."

admitted affinity for the testis, I gave Aurum metallicum fourth trituration, and thereof six grains night and morning. This reduced the little lump about one-fourth.

Hydrastis Canadensis, fifteen drops a day, in three doses, also did a little and lessened it still further.

There subsequently followed Syph. CC., Psor. 30, and Bellis perennis 1, and in the middle of the summer the tiny tumour had quite gone. It was only about the size of a small nut, but was very hard, irritating, and at times painful.

I saw the patient in 1887 and ascertained that the tumour had not returned.

Octobor 9*th*, 1889.—The tumour has not returned and patient has continued in splendid health . . . "Not needed a doctor for years."

Tumour in the Shaft of the Penis.

A gentleman, age 52, came under my observation on May 12, 1885, for a tumour of the penis of recent origin—practically recently recognized—and to which his attention had been forced by the fact that when in a state of orgasmic plethora it "looked round the corner." The thing was I thought a kind of bone-like deposit, as the feeling of it gave that impression. It was about two or three lines thick and of the size of a sixpenny piece. Patient had "gone the pace," and had been *blessé par Vênus* in every way known to M. Ricord: of course, lang syne.

He had a number of remedies, and was completely well of the tumour when I examined him on December 9*th*, 1886, and in the erect position of the member, the direction was straight

or very nearly so. Oddly enough, his wife had been formerly cured by me of a tumour of a distinctly ugly character.

He had from me, in the order named, Chelidonium majus θ, Med. 30; Urea 6, Chionanthus Virgin. θ; Med, C.; Syph. CC.; Stigmata maidis Fl. Ext.; Acid. nit. 3x; Stillingia sylvat. θ; Urea 6; Psor. C.; Acid. oxalic. 3x, and Acid. mur. 6.

The greatest ameliorations followed Syph. and Urea, the former seeming to cure the disposition, while the latter very evidently cleared away the product of that disposition.

Five Years Later.

In April, 1892, I saw him incidentally, when he brought a member of his family to me, and on my enquiry how this old trouble had behaved he said, "Oh! I have been first-rate ever since, it has never returned."

CHAPTER XXXIII.

Swellings of the Breast and Thyroid.

AT the end of the year 1885, a lady of sixty odd years of age came under my observation for a tumour in her neck. Examination showed it to be, seemingly, hypertrophy of the right side of the thyroid gland, which latterly had begun to encroach upon the left one. She had a good deal of salivation worse towards morning. She says she has usually her ailings in her left side.

In addition to the tumour in the neck, there was also a circumscribed swelling in the outer half of the right breast, which caused her great alarm. She feels very chilly, and has many sensations as of pins and needles. She is also very twitchy.

℞. Med. C. in infrequent dose.

December 30*th*, 1885.—The thyroid tumour, much to my amazement, is distinctly smaller.

Treatment was continued at irregular intervals, and patient was discharged cured on February 27*th*, 1889, and continues well of the two tumours, and in the enjoyment of capital health.

A good many remedies were of course used, such as Bellis perennis θ, Hydrastis Canadensis θ, Baptisia tinctoria 1, Tubercul. C., which did her more good, perhaps, than any remedy she ever took.

In my judgement the two nosodes were essentially the curative agents in this case, and the intercurrent remedies, though needfully helpful, were still not other than empirically indicated on lines already amply dwelt upon.

CHAPTER XXXIV.

NO doubt it would be better and more instructive if my cases were systematically grouped and classified in some way or another, but I do not seem to know enough to be at present capable of doing this. What I present in this volume is really so new to practical medicine, that I can hardly hope to get beyond the stage of preliminary fragments: some material towards the upbuilding of practical phymatology from the clinical side. I have before to-day quoted the saying of a great French physician, that the pretension of being perfect, and of only furnishing something that is entirely finished, too often results in absolute sterility.

I know a very able physician in the north, who years and years ago

was in the habit of sketching out to me the way he intended to handle this and that subject, by and by when he could do it perfectly. "I detest the crude things that are published." Phthisis was the subject of which he knows a good deal, and about which he was going to write all these years since, going to workin a hypothetically perfect way, having at least some approximation to finality, and the style was to be literary, polished, and worthy of the subject and of homœopathy.

It has not come to pass: it never will, because perfection is unattainable except in effort, and finality is ultra-mundane.

The man who bakes a few bricks might as well say he will make no bricks till the house is built and roofed in.—But the bricks are needed for the building of the house.

Small Tumour of Left Breast. Lymphomatous Tumours of Neck.

A young lady of 17 years of age was brought by her mother to me on February 25*th*, 1890, for a small tumour in the left breast that had already been reduced in size by homœopathic treatment, and also, and principally, for large strumous glands all round her neck under the jaw, giving the young lady an almost hideous aspect, she being very full in the face. She had never been ill till she had the measles at the age of two; the next summer pertussis, thereafter scarlatina, then the glands of the neck became very large, after this she had varicella and typhoid, all very badly; convulsions with nearly all of them. One sees a scar of ancient date in the neck.

After Scarlatin. C. the tumour in breast—a very small affair—could no longer be found. The glands under the jaw were not altered much, if any.

Under Bacill. C., the glands began to lessen in size materially, but a visit to the seaside made them *worse* again.

July 20*th*.—Thuja occid. 30.

October 31*st*.—The contour of the lower jaw can now be readily distinguished, whereas when I first saw the patient, her face and neck ran into one another, the flesh of both being on the same level. "But," said the young lady's mother, "it was not the last powders that did that, but the ones before."

℞. Bacill. C.

December 11*th*, 1890.—The swelling of the glands has about three-fourths gone. Then followed two or

three other remedies, and finally the Bacillinum again.

Patient paid me her last visit just a year ago. The young lady has come out and been to a number of balls, and is highly delighted. Her mother sent me a photograph of the young lady taken after the cure, and though the neck looks to me still a little full, others do not notice it, nor do the ladies themselves.

This case must be taken side by side with the subject of tuberculosis generally ;* and in regard to tubercular or strumous glands, it must be remembered that strumous glands may be tubercular, and nothing else, or they may be tubercular *and* . . .

* See my "New Cure of Consumption."

And that is why *schablonenmæssige Behandlung* — an indiscriminatingly routine treatment with the zoic specific *must* often fail inasmuch as remedies— at any rate highly dynamized remedies can never cure anything other than that to which they are homœopathic.

I am here and there struck with the fact that, for instance, Bacill. will not act till Thuja has been given and then it will act beautifully: the vaccinosis evidently barring the way, much as Hahnemann teaches in regard to psora and the use of Sulphur intercurrently.

CHAPTER XXXV.

After Operation for Cancer.

INASMUCH as I am fairly held responsible for my own diagnoses, I suppose those commonly considered my opponents will be content to abide by theirs.

The following case was declared to be cancer by very competent surgeons, who testified to their faith therein by cutting off the lady's left breast. But cutting off an apple does not cure an apple tree of growing apples.

CANCER OF THE BREAST.

A married lady, 35 years of age, was brought by her husband to me on

December 17*th*, 1888. She had four children, baby being four years old.

She had been operated on for cancer of the left breast, some months previously the whole breast—a very large one—being totally ablated, and now a tumour has come again in the right breast, and the old scar has become very painful.

Patient was totally wrecked in her nerves, could not sleep and swayed to and fro in awful dread and fear, exclaiming oh! and ah! being willing and anxious to go anywhere and do anything.

Her hurrying up and down hither and thither I could compare only to the way a hyæna hurries up and down in its cage, and it is almost pathognomonic of the very worst type of cancer, and therefore a symptom I

much dislike. An aunt of hers has cancer she tells me, but otherwise her family history is good. She has been twice vaccinated and has had scarlatina and "nerves."

She has a good deal of acne here and there, some of the little inflammatory nodules getting large and very angry.

The cure took just two years, and I could declare her quite cured at the end of the year 1890.

At my special request she resumed ordinary married life again with her husband, she promising me that should she ever have another child she would suckle it with the one remaining breast. There followed cessation of the period in February, 1891, she was safely delivered of a very sweet, healthy little boy in September, and she has very successfully suckled the little mannie

with her one breast; and there is now nothing very unusual about this lady, except that she looks *very* thriving, and possesses only one breast.

And the treatment?

Patient received from me in the order named—Urtica urens θ, Psor. 30, Hydrastis Can. θ, Bellis perennis θ, Bacill. C., Thuja 30, Acid. hippuric. 5, Helonias θ, Ignatia am. 1, Rhus tox. 3x, Bacillin. CC., Cypripedin. 3x, and one or two others, and I must leave the case now, which I can do all the more willingly as the competent can see the reasons for them; for the incompetent I am not writing.

Very notable Surgeons, fellows of the Royal Society, and others are at times condescendingly hopeful that we look forward to the day when "a *remedy* for cancer will be discovered." Whatever knowledge such people possess, or do not possess, there are two things of

which they know nothing real, viz., cancer, and the modes of action of remedies in cancer and cancerous diseases.

People may be so eminent that they reach to the topmost heaven, but a concatenation of morbid complexities, each one of which is a vital process, *never* can in the very nature of things be cured by "one" anything.

You might as well try to grow potatoes in a field consisting of *one* chemical element instead of ordinary humus; or live in the hope of some day being able to win a long and very difficult game of chess by making "one" move all by itself.

This running after *a* remedy for *any* disease of a complex nature is simple ignorance of fundamental principles, and bars the road of progress.

Cancer is a chain of links, and each kind has links of different nature and each link is a biological process. And you are going to alter all that with "A" remedy? It is absolutely unthinkable, and has no parallel in pharmaco-biological phenomena.

CHAPTER XXXVI.

Small Tumour of Penis.

AN unmarried gentleman, member of a learned profession, 46 years of age, came under my professional care on Nov. 14, 1882, for a hard lump on the middle of the shaft of the penis that had been there some months and that was probably of a specific nature. The treatment lasted 13 months, when there was no trace of it left. Patient had Aur. met. 4 trituration, and 3, Aur. mur. 3, Thuja 30, Platinum 5 trit., Kali chlor. 4*x*, Chelid. maj. *θ*, Liquor sodæ chlor., three drops in water night and morning; Syp. 200, Hepar 3*x*, and Sepia 3*x*.

Three Years Later.

In 1886 I saw this gentleman, and ascertained from inspection and palpation that there had been no return of the tumour. The nature of the tumour appeared to me to have been cartilaginous.

Case of Osteoma Penis.

A married gentleman, verging on fifty years of age, came under my observation on November 23, 1888, for certain eye and heart symptoms, acne, and principally for a bony tumour in the shaft of the virile member. He had Thuja 30, Strophanthus 1, Ceanothus Am. 1, and Bellis perennis θ, and then Vaccinin. C. and thus a year or so

passed without patient having mustered courage enough to tell me of his bony tumour; in fact he did not tell me till the month of September, 1890.

In the shaft, a little below the dorsal surface, I found a plate of bone an inch and a half long, and about three-quarters of an inch broad. Its edge felt sharp and of course the organ was held out at an angle to the body, and slightly to the left.

Patient informed me that he had not been fully aware of its presence till three months previously, and then because of its inconvenience on particular occasions, and on account of his clothes. The organ was not the seat of any actual pain, but it ached intensely and persistently; bending himself somewhat forward patient would often distort his face slightly and say, "It aches."

There is absolutely no history or soupçon of any thing specific; and patient is a teetotaler and a non-smoker, and otherwise a man of irreproachable history and life.

I therefore took, as therapeutic basis, the one elementary and undoubted fact that there was a bony tumour, and prescribed Heclæ Lava 30, five drops in water night and morning. This was on September 17, 1890. And, lest I forget it, I will just add that patient lived then (and lives now) on the chalk whence his drinking water is habitually obtained, but latterly he boils it beforehand.

October 29*th*, 1890.—The osseous plate is distinctly smaller and thinner, but copulation continues to be very painful.

℞. Rep.

December 3*rd.*—The bone is rather smaller; copulation not quite so painful or awkward, but the organ *aches* very much.

℞. Aurum metallicum, 4*th* trituration, in eight grain doses at bedtime. And in support of this prescription there was also long-standing diplopia of the auric kind.

January 5*th*, 1891.—The osteoma penis is about three-fourths gone, but patient complains a good deal of indigestion.

Rep.

January 30*th.*—The eye is better, but there is no further improvement in the bony mass.

℞. Hecla lava 12, ten drops in water at bedtime.

March 6*th.*—The eye is not quite so well, but the bony tumour has further diminished in size.

℞. Aurum met., 4 trit.; eight grains at bedtime.

April 29*th.*—The bony tumour is now reduced to a gristly cord, all its boniness having gone; at first it was a longitudinal oblong plate, with a bony feel and sharp edges; now it feels like a tiny rope, but laterally not quite so defined as a rope would be.

℞. Sodium silico-fluoride 6; ten drops in water at bedtime.

June 19*th.*—Although the plate of bone has gone, the ridge of hard cord still exists from end to end, but not quite so cord-like.

℞. Aur. met., 3 trit.; eight grains dry on the tongue at bedtime.

August 7*th.*—Patient feels well, but there is still the gristly rope-like remains of the old bony plate.

℞. Silicate of Sodium; five drops in water night and morning.

Nov. 6*th.*—It is gone. Arnica 1.

January 29*th*, 1892.—There is no return of the tumour, but we can just feel a little gristly node in the shaft, and when erect the organ turns aside somewhat.

℞. Aurum met. 12.

April 11*th*, 1892.—Quite well of the part, except that when erect the axis deviates somewhat, so he says. No doubt the tumour overstretched or destroyed some of the fibres, so that although all the tumour has disappeared, the tissue of its seat has lost some of its contractility; in other words the tissue within puckers slightly.

December, 1892.—Cure holds good.

Easter, 1898.—Still quite well; I examined the part 3 days ago.

CHAPTER XXXVII.

Keloid of Face.

A FOREIGN gentleman, 32 years of age, unmarried, came under my observation on January *22nd*, 1886. His flat-backed nose made me think of syphilis. His right ear and the skin in front of it were the seat of a new formation of scar-tissue, in extent about that of a child's palm, but with irregular contour; it was red in part, and portions were shiny and contracted with certain bridles of tissue produced by the contraction, the portion on the concha itself was not so distinctly cicatricial. It was very evidently on the increase.

There were little spots from which a circumscribed inflammatory process seemed to start and finally these

ended in scar. I am not very sure that it could be called true Keloid, but it was a new formation of scar-tissue, and I do not know what else to term it.

Besides this he had eczema marginatum on the inner surface of the left thigh. But patient did not really come for this primarily, but rather for an inveterate gonorrhœa of six months' standing that had defied treatment by old school and new, low dilutions and high potencies. The scarring process in the face arrested my attention as being very unsightly and of more interest than a common urethrorrhœa.

In view of his *nez camus* I began the treatment with Syp. CC. Slight improvement in both keloid and gonorrhœa. Medorrh. 30 also improved both processes a little, but

neither had done anything worth while. It turned out that he had had his first gonorrhœa ten years previously, which had been silenced by injections without much trouble.

At the end of March I ordered Thuja occid. 30 which increased the flow from the urethra very much, but vastly improved the keloid. I then tried Med. C. and thereafter Kali chl. 6 but with no advantage. The discharge was much more free in the evening and the keloidal dermatitis was very sore when he was lying down. Then for several months patient treated himself with Sulphur and Mercurius 3*x*, but no further improvement followed. He had given up my treatment because the last remedy which I gave him in July, viz., Vaccininum 30, had made his gonorrhœa flux more profuse and more yellow, and caused great activity in the keloid.

I went over his case afresh and noted that his lips were constantly peeling, and he was in the habit of biting off the loose bits of skin. Here I gave Malandrium CC., this was on December 8, 1886. In eight days he returned stating that this remedy had given a new start to his gleet and turned it into a gonorrhœa of the first water, and in examining the parts there was every appearance of a gonorrhœa with profuse yellow discharge. I told him to continue with his Malandrium CC.

January 5*th*, 1887.—Has had a gathering in his prepuce which discharged for 10 days; the urethral discharge has much diminished. The Keloid greatly improved.

Sepia 6 then finished the gleet, but the Keloid, though slowly improving, for a long time under the different remedies still lingered on.

In March he had Sabina 30 for about a month, and thereafter Cupressus Lawsoniana 30 for a number of weeks, which finished the cure, and when he showed himself to me in the Summer of 1887, I could certainly tell where the keloidal process had been, but its activity was quite extinct, the scar had lost all redness and the remains gave me the impression that he might at one time have had a small burn at the part.

Long afterwards his brother consulted me and told me that the cure had proved permanent.

Two Tumours.

A gentleman, twenty-four years of age, unmarried, and following a literary occupation, came under my observation on October 31, 1881, complaining of two tumours. One was very hard, and he had noticed it about two months; it was about the size of a walnut, and seated on the ribs behind on a level with the top of the liver; anteriorly to this a fatty tumour of the size of a halfpenny bun; has had this lipoma all his life, and it is now distinctly growing.

℞. Psoricum 30; one pilule at bedtime.

November 28*th*.—Both tumours are smaller, the lipoma being also softer.

℞. Rep.

January 9*th*, 1882.—The hard tumour is gone; the lipoma softer.

℞. Rep.

February 10*th.*—The fatty tumour is still softening.

℞. Rep,

March 6*th.*—The lipoma is still getting softer, and in its upper half is also flatter.

℞. Rep.

April 3*rd.*—℞. Rep.

June 12*th.*—The lipoma is smaller, flatter and softer.

℞. Nil.

July 3*rd.*—Still diminishing.

℞. Nil.

August 2*nd*—At a standstill.

℞. Psoricum 30 ; one pilule at bedtime.

September 4*th.*—Smaller.

℞. Nil.

September 25*th.*—Still smaller.

℞. Nil.

October 23*rd.*—Smaller still, and notably flatter.

December 15*th*.—The tumour very slowly is becoming smaller and softer.

℞. Nil.

February 5*th*, 1883.—Standstill.

℞. Psoricum 30; one pilule dry on the tongue at bedtime.

July 13*th*.—Still diminishing.

℞. Rep.

May 5*th*, 1884.—There is now only a vestige of the lipoma left, and patient discharged himself.

This case is remarkable as having been treated by one remedy only during the whole time, and one dilution of that one remedy, viz., the 30*th*; and always the same dose, viz., one pilule.

The remedy was here and there omitted, and when the progress seemed to stop it was again renewed. On the ribs at the back of the liver is a

favorite site of these bun-shaped lipomata.

P. S.—About three years before I saw him, this gentleman suffered from a pustular eruption of his hands, for which Dr. A. C. Pope prescribed Silicea 30; but as he only prescribed once, I suspect someone's ointment followed. But I have no positive information on this point.

CHAPTER XXXVIII.

Lipoma Cruris.

A MARRIED lady, childless, came under my care on August 1, 1888, for a fatty tumour of the right thigh, near the vulva. Or rather she came under my care really for severe piles, "to avoid an operation," she having heard that I did not think highly of operations. The piles having been cured, her husband enquired whether the fatty tumour could be likewise got rid of by medicines. I replied that I would try, saying that I would at any rate do her no harm.

Patient had often miscarried, and had had a polypus removed from the edge of the *os uteri* in former years by operation. She remained long under

my treatment, and finally gave it up from weariness; and she did this the more readily as, though the lipoma is not gone, it is very greatly reduced in size. When I took her in hand the tumour, coming exactly between the thickest part of the thighs, rendered ordinary walking very difficult. This it no longer does, walking being now comfortable.

Has been four times vaccinated. Is liable to cystitis, which she has had three times. She has also had rheumatic fever and severe sciatica. Cupressus Lawsonianna, Thuja occid. and Sabina are the remedies that did the good.

Of all tumours, ivory osteomata and lipomata, and certain cystomata, I find the most difficult to touch.

The fatty tumours seem very indolent, and though I generally get them down about one-half or two-thirds, I

do not succeed beyond that. Fatty tumours appear to arise from friction, as in this case from the rubbing of the fleshy thighs against one another—as witness the *lipoma professionale* of certain Russian women. Of course the friction is only the exciting cause, there is the neoplastic disposition behind. They are more common in women than in men, and I know several cases where the exciting cause is evidently due to the friction of the corsets.

I have sometimes thought that the disposition is of a sycotic nature, but I have still an open mind on the subject, and await "more light."

Small Lipomatous Cyst cured by Thuja.

A young lady of ten years of age was brought to me by her mother on

March 22, 1889, to be treated for a tumour in the wall of the left side of the abdomen, which had been probed and poulticed by two homœopathic practitioners. The lump would not go notwithstanding the homœopathic poulticing and the homœopathic probing, and then the help of a consultant from St. B's Hospital was obtained, but the tumour would not yield.

After a month under Thuja occidentalis 30, the tumour was well on the wane, and without any other treatment slowly withered and disappeared altogether.

Two Years Later.

There has been no return of the tumour.

CHAPTER XXXIX.

Case of Ovarian Tumour.

SEPTEMBER 29*th*, 1886.—On this date a gentleman brought his wife to me for my opinion in regard to a pretty large tumour situate in the region of the right ovary, and which the local doctors had decided, with their permission, to excise.

Patient is forty-five years of age; childless; many years married. The tumour had been coming for seven years, it felt very tense, but whether it was a cyst or fibrous, or what, opinions were divided. In size it is about as big as a baby's head and globular in shape. The lump had only really obtruded itself much upon her notice for the past four months. Leucorrhœa for many years, which diminishes as the tumour gets larger.

Much sinking at the stomach, dyspepsia (long treated as nervous), severe stomachic pains; no pains in the tumour proper; costive; very nervous; once vaccinated; she is very weak, and tired; skin tawny and in parts very brown. "I have always had good, but delicate health; I am bilious but never had any disease, but I once had 'inflammation in the side.'" She is the only child of a father who died at twenty-five years of age of phthisis, and her mother died at sixty-five, of bronchitis.

The treatment lasted over *five years*, in fact nearly six, as I began to treat her in the month of September, 1886, and did not discharge her as absolutely well till September, 1891, when I very carefully examined the lady and could not find any remains of the tumour whatever.

There were three reasons that conduced to rendering the duration of the cure very long, and they were these. First of all the patient was diseased all over, her original crasis was bad, and hence it was not merely a question of curing a tumour as a morbid product and the constitutional disposition thereto, but quite apart from the tumour the patient was ill throughout anteriorly to the neoplastic development, and in this case at any rate it is fair to assume that though the operation had been safely and successfully performed, still that would not have touched the previously-existing diseasedness of the lady's tissues.

In the second place the cure was interrupted and much retarded by a bad carriage accident that happened during its course. And finally the patient lived a very long way off and I only saw her about five times during

the whole time; and I might add that the treatment was often interrupted by domestic circumstances, so that though six years elapsed, I find I prescribed altogether about thirty different times, mostly by letter on patient's own reports.

She had from me in the order named—Sulph. 30, Syph. CC., Med. C., Sepia 6, Bryonia 3*x*, Bellis peren. 1, Cundurango 1, Aurum mur. nat. 3*x*, Platin. mur. 3*x*, Nux 1*x*, Syph. CC., Bacill. C., Hepar 3*x*, Iodoformum 3*x*, Nux vom. 1*x*, Bryonia θ, Salufer. 5, Viscum album 3*x*, Fucus vesiculosus θ, Hepar 30, Trifolium prat. θ, and Aur. brom. 3.

Looking back on the case I am of opinion that it is one of inflammatory cystoma, having its first start in the inflammation in the side.

Patient is now in excellent health, and wrote me a graceful and grateful letter not many days ago quite of her own accord, merely that I might know that my labour of years had not been thrown away.

Right Ovarian Tumour.

A childless married lady, twenty-seven years of age, came to consult me on March 17*th*, 1885, for a lump in the right side of the abdomen and severe leucorrhœa.

She had been married three years. She complained of feeling tired on awaking in the morning, with a nasty bitter taste in her mouth; severe frontal headaches; had backache low down; feels sick now and again; face spotty; chin pimply on the left side.

The size of the "lump in the right side" I find I did not note, but it was readily felt and pointed out by the patient herself. Womb thickened, heavy and lying very low down.

She had been once vaccinated and had had measles, scarlatina and varicella. The origin of the tumour is referred by the patient to falling against, or off a stile. About this time I had been reading of the good results obtained, by a New York gynæcologist, in uterine and ovarian tumours and indurations, from medicated sponges placed within the vagina and left there, and which were used in this case, the medication being with Mercurius cor. 6.

These sponges "acted very severely, causing copious discharge of a most offensive kind."

℞. Psor. 30.

April 14*th.*—"The appearance of the sponges is now entirely different; now the discharge is yellow and there is no blood, but very offensive; difficulty in passing water" *in the early morning.*

℞. Med. 30, and continue the sponges.

May 30*th.*—"For eight or nine days the pain in the back continued to be very troublesome, some mornings I could scarcely breathe without causing a very sharp pain; this passed off after I had been up an hour; frequent headaches, feeling of sickness whenever I sat up or walked about."

Here I discontinued the use of the sponges as I found not only in this, but in other cases, that their use was fraught with so much discomfort and suffering to the patient, and after all was only local messing and could, in the nature of things, only affect the product

of the disposition, and not the disposition itself. Moreover, although the same piece of sponge was only used once, the discharge was rendered very foul and most unpleasant to the lady herself.

The fact is, the vagina is self-cleansing, and the less it is mechanically interfered with the better. All these modern difficulty-producing disinfecting injections are irrational, nasty and hurtful, except where there are lesions of continuity of extraneous origin, *i. e.*, not a part of the disease-process itself.

℞. Med. C.

July 23*rd*.—The tumour is more than half gone; the chin is covered with hard indolent pimples: whites nearly well; is now much freer from pain at the menstrual period than she has ever been in her life. Very much better all round.

℞. Bellis. p. 1.

August 23*rd.*—Back very bad, she has retrograded.

℞. Med. C.

This did her so much good that I did not hear of her for six months, when I found only a small rest of the tumour, but the uterus itself was still enlarged.

Here followed Helonin 3*x* in eight-grain doses a day, for a month; then Aletris farinosa θ, fifteen drops a day, as an organ remedy, until patient had taken a fluid ounce, and finally, two months of Aurum muriaticum nat. 3*x*.

This brought us to the fall of 1886.

March 18*th*, 1890.—"I am quite well and walk eight miles a day."

Ovarian Tumour.

A lady of thirty years of age, mother of one child, was brought by her husband to me on January 14, 1891, to know whether it was absolutely necessary that she be operated on for the lump in her right side; said lump was in the position of the right ovary, and about the size of a large orange, and not very well defined.

Its exact nature I could not determine, the examination not being facilitated by very sufficient adipose layers. The tumour *ached* a great deal, and there was leucorrhœa. There being a, certainly rather vague, history of trauma, I ordered Bellis per. θ. Ten drops in water night and morning.

February 11*th*.—Sodium Bromide 3x. Eight grains night and morning.

March 11*th.*—Last period seven days too soon; thereafter leucorrhœa. The tumour aches.

℞. Apis 6. Ten drops in water night and morning.

April 27*th.*—The tumour is smaller; an irritable tongue.

℞. Colocynth 12. Ten drops at bedtime.

May 25*th.*—Very much better; sides of tongue frothy.

℞. Sodium bromide 3^{x} trit. Eight grains at bedtime.

June 22*nd.*—Well; tumour no longer to be found. Discharged cured.

In cases of this sort which yield in a few months to remedies, their very amenability to the remedies destroys the diagnosis, hence it can only be with the aid of very large experience that we shall be able to construct a therapy of tumours with something like

positive differential indications. All being well I shall, by and by, attempt a few differentiations, but at present I do not feel I have quite sufficient data to go upon.

CHAPTER XL.

Case of Ovarian Tumour.

MARCH 11*th*, 1885.—On this date a married lady, forty-two years of age, mother of six children, came to me for an abdominal tumour, situated in the region of the left ovary, with pretty severe concomitant vaginal hæmorrhage and slight leucorrhœa. She had been twice vaccinated, and also had had variola. The tumour was long from side to side, *i. e.*, it lay transversely seemingly from the uterus to some six inches to the left, to where the left-hand end of an ovarian tumour would very likely be. The bleeding was at any time and in any position. The tumour had been there, and the bleeding, for about ten months, and were supposed to have had their origin in a fright. Previous to the fright the

menses had always been regular, but scanty. Much pain in the tumour.

℞. Thuja occidentalis 30.

This cured the bleeding, and the period became normal. But the pain in the tumid mass was worse; the abdomen became more distended; and patient complained very much that when once awake in the very early morning she could not get off again.

℞. Bellis perennis 1.

April 15*th*—No hæmorrhage; period normal, except that it is very painful in the left side. Patient feels very ill, faint, and fidgety, and has dreadful backache.

℞. Variol. 30.

After this patient felt somewhat better, but the tumour was no smaller.

September 3*rd*—*Psor.* 30.

October 3*rd*.—She is very much better, but bad leucorrhœa has set in,

and it now transpires that patient formerly suffered very much from leucorrhœa, which had yielded to suppressive treatment, and after Variol. C. there was vaginal hæmorrhage which lasted twenty-five days, the period having previously missed. There are many flat warts on the body; much pain in the left side.

November 10*th*.—Med. C.

February 2*nd*, 1886.—This remedy produced a very violent aggravation lasting several weeks, when health returned, the side was practically well, and the tumour was gone.

After this a little swelling of the spleen and liver had to be righted, as also some indigestion, and this Myrica cerifera 3*x* and Ceanothus Am. 1 speedily affected, when patient happily passed her change of life.

Six Years Later.

April 19*th*, 1892.—I this day carefully examined the patient—as I have done several times during the six years that have elapsed since the tumour was cured—but find no trace of any tumour, and patient is in good health and condition; I claim, therefore, that the cure is a Hunterian one, as not only is the tumour got rid of—the product of the disposition—but the disposition itself is likewise cured.

Case of Ovarian Tumour.

An unmarried lady, 48 years of age, whose mother and grandmother died of cancer, as also did one of her mother's sisters, and one of her own sisters has been cured by me of two

small tumours, came to me on December 20, 1884, for tumour of the left ovary, almost exactly like the one I have just described; I therefore need not describe it. This lady's most urgent symptoms were leucorrhœa and severe bleeding from the vagina, lasting for weeks at a time. Her period has always been profuse, but formerly lasted only five days, but now it will continue for weeks; at this date it has continued for three weeks. She has been three times vaccinated, and has suffered severely from left-sided neuralgia; the treatment lasted uninterruptedly till August *7th*, 1886, but the notes are so voluminous that I forbear to transcribe them, so I will just pick out the salient therapeutic features only.

Thuja occid. 30 very materially lessened the leucorrhœa; she had it at intervals for several months.

Phosphorus C. completely controlled the hæmorrhage for some time, but did not cure it; it recurred. The real cure of the tumour was effected by Med. 30, Sepia 3*x*, Med. C, and Psor. C; the Kal. chlor helped.

The only other interesting point was the fact that Sanguisuga off. 3*x* trituration (a capital and genuinely homœopathic styptic) given after the Phosphorus had ceased to act, stopped the hæmorrhage for good and all; it never returned, and that is over six years ago. Phosphorus C. was, however, twice given afterwards for little "shows," after which the change of life was established, and patient continues in excellent health to this day, with the sole exception of some nerve twitchings of long standing, and which I have never succeeded in touching.

As five years and a half testify to the cure, I think it fulfils John Hunter's conditions.

Note on Sanguisuga.

I have used Sanguisuga off.—the good old leech of glorious memory—for a number of years in some cases of hæmorrhage, and at times with striking effect; at times it has failed me. I was first led to use it from perusing a short notice (the reference to which I have unfortunately mislaid) of some physiological experiments performed with it on the continent, from which it appeared the leech decomposes the blood in some way and causes hæmorrhage, and hence I conclude that it is homœopathic to hæmorrhage whereof the cause lies in the blood itself rather than in the tissues through which the blood passes.

And this would seem to explain why the bleeding from leech *bites* is often out of all proportion to the actual lesion in the continuity produced by the mechanical *bite*.

I once saw a case of very nearly fatal bleeding from a few leech-bites in the inflamed neck of a young man, and yet the lesions were quite insignificant. Whether the leech has ever been used as an internal remedy by anyone but myself I am not aware.

Hard Mammary Tumour.

An unmmarried lady, resident in London, thirty-eight years of age, came to consult me on January 13*th*, 1890 for a hard tumour on the left side of her chest, that had been growing for the past three years, and is now about the size of an orange.

In the left breast there is a hard tumour, moveable, lying between the mammilla and the manubrium sterni; the left nipple is scabby; left arm

aches and feels weak, left breast itself aches. Patient's parents were cousins; father died at 46 of typhoid; mother still living and well, although she had had an ovarian tumour taken away by operation when 21 years of age; patient's only brother is alive.

Three years ago patient knocked her left breast against a post, and she thinks her hard stays have had something to do with it; she is of full figure.

She had been twice vaccinated on the left arm, and her mother says that the first time "her arm was so bad she thought it would come off."

She has had varicella.

The tumour gets larger in wet weather, and before the menses. Her left ear gathers off and on for years.

℞. Vaccinin C.

February 14*th.*—Better; less tired and less weariness; the left ear gathers less; tumour rather smaller, but it is

very hard, and nodulated; nipple less incrusted; the left arm is now comfortable; she asks for the same powders again.

Patient is dusky and tawny, *ergo*, Bacill. C.

March 17*th*.—Lump is smaller; she looks better: "it was the first powders that took away the weariness."

℞. Vaccin. C.

(The nipple is less incrusted.)

April 23*rd*.—The nipple is cleaner.

℞. Bellis per. θ; ten drops in water night and morning.

June 4*th*.—Says she is not so well; her complexion is much clearer.

℞. Thuja occid. 30.

July 9*th*.—Better; the tumour is not so defined and not so hard, and the nodules are less distinct. There is now no incrustation of the nipples.

℞. Sabina 30.

October 15*th*.—The lump is very much better, and now is barely more than hardened milk-ducts. The left nipple is scabby again. The left ear gathers more; the breast is no longer influenced by wet.

℞. Cupressus Lawson. 30.

January 7*th*, 1891.—The tumour has not quite gone.

℞. Bursa pastoris 1*x*; five drops in water night and morning.

December 20*th*, 1891.—Discharged cured of the tumour, and in excellent health.

Congenital Vascular Tumour.

Mrs. K. brought her one-year-old baby-girl to me on July 28, 1881. I found on the girlie's back, just to right of the spinal column and below the angle of the scapula, a red vascular

tumour of the size of half a walnut, but flatter and more spread out; it was there at birth, and had been growing a good deal lately.

At birth it was not quite so large as a six-penny piece, and it was flat; now it is almost three-quarters of an inch above the niveau. On the outside of the right thigh there had been a similar growth but much smaller, but that has gone all but a few little blood-vessels; the wee patient is in good health, ails nothing, and is fat; has nine teeth, and is beginning to walk.

The family doctor very strongly urged its removal by operation because it had taken to grow so much, but being of opinion that the vascular tumour must have an internal cause of some kind, and as I can, personally, *not* see how a knife could possibly modify that, I advised its careful

medicinal treatment, to the end that a truly Hunterian cure might be effected.

Having nothing to guide me I went on hypotheses, and gave in succession Thuja 30, Ferri. phos. 6 trit., Hamam. θ; Phos. 1000, whereupon it shrank somewhat. Thereupon came Psor. 30, Sul. 30, Chenopodium $3x$, Lycopod. CC., Merc. Met. C. and CC., Syph. CC., and here I see the note "vastly improved," and after Merc. "decidedly smaller."

Thuja 30 and C., Aur. met. 12, Fragaria vesca 12, $1x$, and Syph. CC., finished the treatment and the cure.

It is over ten years since this little lady was brought to me, and the tumour was years before it finally withered and went. I saw patient's mother not many days since, and was informed, on enquiry, that the tumour had never shown any sign of returning

since the year 1884 or 1885; and the young lady's back is quite normal in all respects.

I have cured several such vascular tumours on the same lines, but this was the largest of all and the most difficult to cure; the smaller ones need therefore not be further referred to.

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